



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Fresenius Medical Care North America PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		46781.11
(b) Cash on Hand at Beginning of Reporting Period.....	47116.21	
(c) Total Receipts (from Line 19) .....	42860.19	91428.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	89976.40	138209.40
7. Total Disbursements (from Line 31).....	14798.20	63031.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	75178.20	75178.20
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Fresenius Medical Care North America PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	36308.80	66253.02
(ii) Unitemized .....	3511.14	21898.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39819.94	88151.54
(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) .....	39819.94	88151.54
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.....	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	40.25	276.75
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))..... ▶	42860.19	91428.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42860.19	91428.29

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	48.20	281.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	48.20	281.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14750.00	60750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14798.20	63031.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14798.20	63031.20

**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) .....	39819.94	88151.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39819.94	88151.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	48.20	281.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	48.20	281.20

**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 40
	<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**

**A. Maria Gillis**  
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 Finance, Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013

**Transaction ID : 7401136**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address One Westbrook Corporate Center, Suite 1000

City Westchester State IL Zip Code 60154

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013

**Transaction ID : 7401137**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 269 Rolling Meadow

City Holliston State MA Zip Code 01746-1521

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

Name of Employer Fresenius Medical Care NA Occupation VP Leadership & Prof Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013

**Transaction ID : 7401140**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2300.00

**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 7 OF 40
	<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. Curtis Dean Johnson**

Mailing Address 525 Sycamore Drive

City Milpitas State CA Zip Code 95035

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

Name of Employer Fresenius Medical Care NA Occupation General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 10 / 2013**

**Transaction ID : 7401141**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 100 Galleria Parkway Suite 500

City Atlanta State GA Zip Code 30339

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

Name of Employer Fresenius Medical Care NA Occupation Sr. Driector, Tech Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 10 / 2013**

**Transaction ID : 7401142**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 9005 Gasserway Circle

City Brentwood State TN Zip Code 37027

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

Name of Employer Fresenius Medical Care NA Occupation President HITSG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 10 / 2013**

**Transaction ID : 7401143**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 40
	<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. Kathleen L. Altier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25050 Country Club Blvd  
 City North Olmsted State OH Zip Code 44070-5356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Director, Technical Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2013  
**Transaction ID : 7401148**  
 Amount of Each Receipt this Period  
 250.00

**B. Fred Christadore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 King Rd  
 City Rockleigh State NJ Zip Code 07647-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Senior Manager EH & S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2013  
**Transaction ID : 7401149**  
 Amount of Each Receipt this Period  
 300.00

**C. Christopher L. Constantine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10441 S Bridgewater Dr  
 City Oak Creek State WI Zip Code 53154-7951  
 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 ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2013  
**Transaction ID : 7401150**  
 Amount of Each Receipt this Period  
 700.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 40
<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) <b>A. Wendy Millette</b>		Date of Receipt MM / DD / YYYY 05 / 13 / 2013 <b>Transaction ID : 7401152</b>
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 1500.00
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Fresenius Medical Care NA	Occupation Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Kathleen Stearns</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2013 <b>Transaction ID : 7413672</b>
Mailing Address 26 Hillside Rd		Amount of Each Receipt this Period 225.00
City Plainville	State MA	Zip Code 02762-2247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Fresenius Medical Care NA	Occupation Sr. Insurance Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.25	

Full Name (Last, First, Middle Initial) <b>C. Gail Sueki</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2013 <b>Transaction ID : 7413673</b>
Mailing Address 525 Sycamore Drive		Amount of Each Receipt this Period 500.00
City Milpitas	State CA	Zip Code 95035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Fresenius Medical Care NA	Occupation Program Management Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 40
	<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. James K. Loendorf**  
Full Name (Last, First, Middle Initial)

Mailing Address 2637 Shadelands Dr

City Walnut Creek State CA Zip Code 94598

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

Name of Employer Fresenius Medical Care NA Occupation Sr Director, Procurement & Logistics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
05 / 21 / 2013  
Transaction ID : 7414237

Amount of Each Receipt this Period  
600.00

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

Mailing Address 2637 Shadelands Dr

City Walnut Creek State CA Zip Code 94598-2512

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

Name of Employer Fresenius Medical Care NA Occupation Systems Development Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
05 / 24 / 2013  
Transaction ID : 7417991

Amount of Each Receipt this Period  
350.00

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation VP, Clinical Research & Medical Affair

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
05 / 24 / 2013  
Transaction ID : 7417992

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00

**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 11 OF 40
	<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) <b>A. Lisa Dombro</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2013 <b>Transaction ID : PR11004816019</b>
Mailing Address 927 Prairie Avenue		Amount of Each Receipt this Period 384.62
City Park Ridge	State IL	Zip Code 60068
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.10	P/R Deduction (\$384.62 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Douglas G. Kott</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2013 <b>Transaction ID : PR7883586019</b>
Mailing Address 211 Claybook Rd.		Amount of Each Receipt this Period 384.62
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.41	P/R Deduction (\$384.62 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Nicholas Brownlee</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2013 <b>Transaction ID : PR7883656019</b>
Mailing Address 12 Deer Grass Ln		Amount of Each Receipt this Period 384.62
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.41	P/R Deduction (\$384.62 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1153.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Claire Callahan</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR7883706019</b>
Mailing Address 920 Winter St		Amount of Each Receipt this Period 330.00
City Waltham	State MA	Zip Code 02451-1521
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation SVP Human Resources & Admin
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1815.00	
		P/R Deduction (\$330.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Kent D Wanzek</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR7883736019</b>
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 4953.93
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 Operations Prod & Hosp
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4953.93	
		P/R Deduction (\$4953.93 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Robert P. Loeper</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR7883756019</b>
Mailing Address 10431 Oakbrook Dr		Amount of Each Receipt this Period 76.92
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	
		P/R Deduction (\$76.92 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5360.85
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 40
<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 McGorty**

Mailing Address 2 Walter Circle

City Westford State MA Zip Code 01886-4533

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

Name of Employer Fresenius Medical Care NA Occupation VP Finance & Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1269.18**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR7883776019**

Amount of Each Receipt this Period  
**230.76**

P/R Deduction (\$230.76 Monthly)

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1269.18**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR7883786019**

Amount of Each Receipt this Period  
**230.76**

P/R Deduction (\$230.76 Monthly)

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

Mailing Address 41 Medici St.

City San Juan State PR Zip Code 00926

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR7883876019**

Amount of Each Receipt this Period  
**153.84**

P/R Deduction (\$153.84 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **615.36**

**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 40
	<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. Ronald Kuerbitz**  
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 Chief Admin Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **4957.78**

Date of Receipt: 05 / 31 / 2013  
**Transaction ID : PR7883886019**

Amount of Each Receipt this Period: **4957.78**

P/R Deduction (\$4957.78 Monthly)

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

Mailing Address 5251 Dtc Pkwy Suite 500

City Greenwood Village State CO Zip Code 80111

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

Name of Employer: Fresenius Medical Care NA Occupation: Group Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt: 05 / 31 / 2013  
**Transaction ID : PR7883916019**

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

P/R Deduction (\$38.46 Monthly)

**C. Robin Purcell**  
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 of HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt: 05 / 31 / 2013  
**Transaction ID : PR7883936019**

Amount of Each Receipt this Period: **200.00**

P/R Deduction (\$200.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **5196.24**

**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 15 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial)  
**A. Simon Catellanos**

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 Executive VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.41**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR7883946019**

Amount of Each Receipt this Period  
**384.62**

P/R Deduction (\$384.62 Monthly)

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

Mailing Address 4631 Woodland Corporate Blvd Suite Suite 113

City Tampa State FL Zip Code 33614-2414

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

Name of Employer Fresenius Medical Care NA Occupation President DSD North Ops

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  
**05 / 31 / 2013**

**Transaction ID : PR7883956019**

Amount of Each Receipt this Period  
**153.84**

P/R Deduction (\$153.84 Monthly)

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

Mailing Address 3850 N Causeway

City Metairie State LA Zip Code 70002-4719

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

Name of Employer Fresenius Medical Care NA Occupation VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR7883966019**

Amount of Each Receipt this Period  
**76.00**

P/R Deduction (\$76.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **614.46**

**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 16 OF 40
	<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. Deborah Harvey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1602 Hampton Oaks Bnd

City Marietta State GA Zip Code 30066-4451

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

Name of Employer Fresenius Medical Care NA Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR7883976019**

Amount of Each Receipt this Period 300.00

P/R Deduction (\$300.00 Monthly)

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

Mailing Address 5809 Chatham Ln

City The Colony State TX Zip Code 75056-7109

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

Name of Employer Fresenius Medical Care NA Occupation VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 737.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR7884006019**

Amount of Each Receipt this Period 134.00

P/R Deduction (\$134.00 Monthly)

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

Mailing Address 240 S Madison St

City Denver State CO Zip Code 80209-3010

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR7884016019**

Amount of Each Receipt this Period 260.00

P/R Deduction (\$260.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 694.00

**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 17 OF 40
	<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. Paul Zabetakis**  
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter Street  
Suite 303

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation President, RRI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.06

Date of Receipt  
05 / 31 / 2013  
**Transaction ID : PR7884056019**

Amount of Each Receipt this Period  
76.92

P/R Deduction (\$76.92 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 Fresenius Medical Care NA Occupation Group Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
341.00

Date of Receipt  
05 / 31 / 2013  
**Transaction ID : PR7884076019**

Amount of Each Receipt this Period  
62.00

P/R Deduction (\$62.00 Monthly)

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

Mailing Address 6100 Dutchmans Lane, 14th Floor

City Louisville State KY Zip Code 40205

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

Name of Employer Fresenius Medical Care NA Occupation Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
05 / 31 / 2013  
**Transaction ID : PR7884186019**

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 178.92

**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 18 OF 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Steven P Covino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 Williams Street  
City Waltham State MA Zip Code 02453-4131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation Director of Benefits  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1057.76

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2013  
**Transaction ID : PR7884956019**  
Amount of Each Receipt this Period  
192.32  
P/R Deduction (\$192.32 Monthly)

**B. 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 ▼ 423.06

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2013  
**Transaction ID : PR7885006019**  
Amount of Each Receipt this Period  
76.92  
P/R Deduction (\$76.92 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 ▼ 423.06

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2013  
**Transaction ID : PR7885156019**  
Amount of Each Receipt this Period  
76.92  
P/R Deduction (\$76.92 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Charles E Brown</b>			Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2013 <b>Transaction ID : PR7885366019</b>
Mailing Address 4640 Glen Coe Street			Amount of Each Receipt this Period 40.00
City Leesburg	State FL	Zip Code 34748-2304	P/R Deduction (\$40.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Fresenius Medical Care NA	Occupation Clinical 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>B. Mark R Fawcett</b>			Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2013 <b>Transaction ID : PR7885586019</b>
Mailing Address 100 Franklin Street			Amount of Each Receipt this Period 38.46
City Arlington	State MA	Zip Code 02474-3214	P/R Deduction (\$38.46 Monthly)
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 ▼ 211.53		

Full Name (Last, First, Middle Initial) <b>C. Kimberly Grelle-Swint</b>			Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2013 <b>Transaction ID : PR7885656019</b>
Mailing Address 6100 Bandera Rd Suite 600 Suite 600			Amount of Each Receipt this Period 40.00
City San Antonio	State TX	Zip Code 78238-1667	P/R Deduction (\$40.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Fresenius Medical Care NA	Occupation Regional Director of Education		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	118.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 40
	<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) <b>A. Nicole Devore</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR7885756019</b>
Mailing Address 801 Pennsylvania Ave NW Suite 225 Suite 225		Amount of Each Receipt this Period 38.46
City Washington State DC Zip Code 20004-2604	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 ▼ 211.53		

Full Name (Last, First, Middle Initial) <b>B. Balaji Gandhi</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR7885816019</b>
Mailing Address 920 Winter St		Amount of Each Receipt this Period 100.00
City Waltham State MA Zip Code 02451-1521	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer Fresenius Medical Care NA Occupation VP Gov't & External Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>C. Jayme Patterson</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR7885906019</b>
Mailing Address 475 West 13th Street		Amount of Each Receipt this Period 38.46
City Ogden State UT Zip Code 84404	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Monthly)
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 ▼ 211.53		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 40
	<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. Judith Moran**

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

City South Plainfield State NJ Zip Code 07080-1473

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

Name of Employer Fresenius Medical Care NA Occupation Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.53

Date of Receipt  
05 / 31 / 2013  
**Transaction ID : PR7886006019**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 26 Hillside Rd

City Plainville State MA Zip Code 02762-2247

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.50

Date of Receipt  
05 / 31 / 2013  
**Transaction ID : PR7886036019**

Amount of Each Receipt this Period  
8.25

P/R Deduction (\$8.25 Monthly)

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

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 RTG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4955.90

Date of Receipt  
05 / 31 / 2013  
**Transaction ID : PR7886216019**

Amount of Each Receipt this Period  
4955.90

P/R Deduction (\$4955.90 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5002.61

**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 22 OF 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Sandra Geraci</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR7886296019</b>
Mailing Address 262 Berenger Walk		Amount of Each Receipt this Period 80.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Michael Ramsey</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR7886316019</b>
Mailing Address 4 Cubs Path		Amount of Each Receipt this Period 38.46
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Geronia F Parlier</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR7979596019</b>
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 ▼ 211.53	P/R Deduction (\$38.46 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	156.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Jenny Lee Fischer</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR7979656019</b>
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	P/R Deduction (\$38.46 Monthly)	
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 ▼ 211.53	

Full Name (Last, First, Middle Initial) <b>B. Thomas C Graham</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR7979686019</b>
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	P/R Deduction (\$50.00 Monthly)	
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 ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. Terry L Ketchersid</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR7979766019</b>
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	P/R Deduction (\$100.00 Monthly)	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	188.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Manikandan Pandi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 920 Winter Street  
City Waltham State MA Zip Code 02451  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 211.53

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR7979836019**  
Amount of Each Receipt this Period 38.46  
P/R Deduction (\$38.46 Monthly)

**B. Catherine Dubinsky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 920 Winter Street  
City Waltham State MA Zip Code 02451  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation VP Operations Integrity  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR8131086019**  
Amount of Each Receipt this Period 76.92  
P/R Deduction (\$76.92 Monthly)

**C. William Fink**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32 Hartwell Ave  
City Lexington State MA Zip Code 02451  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation VP, ITG  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR8306756019**  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 215.38  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 40
	<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) <b>A. James G Fowlds</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR8733026019</b>
Mailing Address 3545 Wilshire Blvd, Suite 103		Amount of Each Receipt this Period 38.46
City Los Angeles	State CA	Zip Code 91342
FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Monthly)	
Name of Employer Fresenius Medical Care NA	Occupation Clinical Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

Full Name (Last, First, Middle Initial) <b>B. Edda Spinelli</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR8733036019</b>
Mailing Address 511 N Brookhurst Street, Suite 100 Suite 100		Amount of Each Receipt this Period 40.00
City Anaheim	State CA	Zip Code 92801
FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)	
Name of Employer Fresenius Medical Care NA	Occupation Clinical 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>C. Mignon Early</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR8733046019</b>
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 ▼ 330.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1276 Kitson Street

City Sturgis State MI Zip Code 49091

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt: **05 / 31 / 2013**  
Transaction ID : **PR8736006019**

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

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 1607 Revella Arch

City Chesapeake State VA Zip Code 23322

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt: **05 / 31 / 2013**  
Transaction ID : **PR9341896019**

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

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 100 Galleria Parkway, Suite 1200

City Atlanta State GA Zip Code 30339

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt: **05 / 31 / 2013**  
Transaction ID : **PR9341916019**

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

P/R Deduction (\$38.46 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 40
<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 **423.06**

Date of Receipt **05 / 31 / 2013**  
**Transaction ID : PR9341936019**  
Amount of Each Receipt this Period **76.92**  
P/R Deduction (\$76.92 Monthly)

**B. Steve Shaw**  
Full Name (Last, First, Middle Initial)  
Mailing Address 920 Winter Street  
City Waltham State MA Zip Code 02451  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation Vice President, HR  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 31 / 2013**  
**Transaction ID : PR9342096019**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$40.00 Monthly)

**C. Gary Coyle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 920 Pierremont Street  
City Shreveport State LA Zip Code 71105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation Director of Operations  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **211.53**

Date of Receipt **05 / 31 / 2013**  
**Transaction ID : PR9369626019**  
Amount of Each Receipt this Period **38.46**  
P/R Deduction (\$38.46 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **155.38**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 1355 Brampton Ave

City Statesboro	State GA	Zip Code 30458
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.53

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

**Transaction ID : PR9369636019**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 100 Galleria Drive, Suite 500

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.53

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

**Transaction ID : PR9369726019**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

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

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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

**Transaction ID : PR9369786019**

Amount of Each Receipt this Period  
200.00

P/R Deduction (\$200.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	276.92
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 40
	<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) <b>A. William Perry</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR9369896019</b>
Mailing Address 26 Wadsworth Road		Amount of Each Receipt this Period 38.46
City Ashland	State MA	Zip Code 01721
FEC ID number of contributing federal political committee.	C	
Name of Employer Fresenius Medical Care NA	Occupation Director of Sales, TruBlue Logistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	
		P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Peter Sauer</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR9369956019</b>
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 110.00
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee.	C	
Name of Employer Fresenius Medical Care NA	Occupation President - Fresenius Health Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	
		P/R Deduction (\$110.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Richard Van Zandt</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR9370006019</b>
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 76.92
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee.	C	
Name of Employer Fresenius Medical Care NA	Occupation Vice President - Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 526.92	
		P/R Deduction (\$76.92 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Bernadette Vincent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3850 North Causeway Blvd, Suite 14  
 City State Zip Code  
 Metairie LA 70068  
 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 ▼  
 211.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : PR9370016019**  
 Amount of Each Receipt this Period  
 38.46  
 P/R Deduction (\$38.46 Monthly)

**B. Michael Brosnan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61352 Bad Homburg, VHD  
 City State Zip Code  
 Germany ZZ 99999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fresenius Medical Care NA CFO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4889.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : PR9419316019**  
 Amount of Each Receipt this Period  
 4889.08  
 P/R Deduction (\$4889.08 Monthly)

**C. 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 ▼  
 423.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : PR9419326019**  
 Amount of Each Receipt this Period  
 76.92  
 P/R Deduction (\$76.92 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5004.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 82 Belcher Dr

City State Zip Code  
Sudbury MA 01776

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1320.00**

Date of Receipt  
**05 / 31 / 2013**

**Transaction ID : PR9419366019**

Amount of Each Receipt this Period  
**240.00**

P/R Deduction (\$240.00 Monthly)

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

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

City State Zip Code  
Irving TX 75039

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

Name of Employer Occupation  
Fresenius Medical Care NA VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
**05 / 31 / 2013**

**Transaction ID : PR9419376019**

Amount of Each Receipt this Period  
**50.00**

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 920 Winter Street

City State Zip Code  
Waltham MA 02451

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
**05 / 31 / 2013**

**Transaction ID : PR9419416019**

Amount of Each Receipt this Period  
**80.00**

P/R Deduction (\$80.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 32 Hartwell Ave

City 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 ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR9430516019**

Amount of Each Receipt this Period  
**50.00**

P/R Deduction (\$50.00 Monthly)

**B. 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 ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR9430536019**

Amount of Each Receipt this Period  
**60.00**

P/R Deduction (\$60.00 Monthly)

**C. 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 ▼ **211.53**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR9430546019**

Amount of Each Receipt this Period  
**38.46**

P/R Deduction (\$38.46 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **148.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 40
	<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. Susan Raulie**

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 ▼ **211.53**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR9430706019**

Amount of Each Receipt this Period  
**38.46**

P/R Deduction (\$38.46 Monthly)

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

Mailing Address One Westbrook Corporate Ctr, Suite

City Westchester State IL Zip Code 60047

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR9986996019**

Amount of Each Receipt this Period  
**153.84**

P/R Deduction (\$153.84 Monthly)

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

Mailing Address 750 Old Hickory Blvd, Suite 230

City Brentwood State TN Zip Code 37027

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

Name of Employer Fresenius Medical Care NA Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR9999396019**

Amount of Each Receipt this Period  
**76.92**

P/R Deduction (\$76.92 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>269.22</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>36308.80</b>

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

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

FOR LINE NUMBER: PAGE 34 OF 40  
(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**

**A.** Full Name (Last, First, Middle Initial)  
**Fresenius Medical Care North America**

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.75

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 08 / 2013

**Transaction ID : 7393823**

Amount of Each Receipt this Period  
40.25

Reimbursement of Fees

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.25
<b>TOTAL</b> This Period (last page this line number only).....▶	40.25

**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 40
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Max Baucus</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2013
Mailing Address PO Box 586		<b>Transaction ID : 7436171</b>
City Helena	State MT	Zip Code 59624
FEC ID number of contributing federal political committee. C C00328211	Amount of Each Receipt this Period 3000.00	
Name of Employer	Occupation	Refund from Candidate
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	Refund from Candidate
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	Refund from Candidate
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Comerica Bank**

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

Purpose of Disbursement  
Bank Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7390936**

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. Texans For Senator John Cornyn Inc**

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. John Cornyn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2013

**Transaction ID : 7389529**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Freedom Fund**

Mailing Address 701 8th Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Freedom Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2013

**Transaction ID : 7389679**

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Volunteers For Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. John M. Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2013

**Transaction ID : 7391069**

Amount of Each Disbursement this Period

1500.00

Direct Contribution

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

2750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Pat Toomey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2013

**Transaction ID : 7391070**

Amount of Each Disbursement this Period

3000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Kelly Ayotte**

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Kelly Ayotte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2013

**Transaction ID : 7396634**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Lynn Jenkins For Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Lynn Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2013

**Transaction ID : 7401154**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Renee Ellmers For Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Renee Ellmers RN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2013

**Transaction ID : 7401208**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Udall for Us All**

Mailing Address 303 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5701

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Tom Udall**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NM District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2013

**Transaction ID : 7408348**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Next Century Fund**

Mailing Address 116 South Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Next Century Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2013

**Transaction ID : 7413035**

Amount of Each Disbursement this Period

3000.00

Direct Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Duncan D. Hunter for Congress**

Mailing Address PO Box 1545

City El Cajon State CA Zip Code 92022

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Duncan D. Hunter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 50

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2013

**Transaction ID : 7435028**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

14750.00