

**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="2015"/> | | 93762.04 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 97841.57 | |
| (c) Total Receipts (from Line 19) | 9109.01 | 150481.10 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 106950.58 | 244243.14 |
| 7. Total Disbursements (from Line 31)..... | 16673.05 | 153965.61 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 90277.53 | 90277.53 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Fresenius Medical Care North America PAC

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 7552.29 | 118595.00 |
| (ii) Unitemized | 1383.67 | 31193.42 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 8935.96 | 149788.42 |
| (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) | 8935.96 | 149788.42 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 173.05 | 692.68 |
| 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))..... ▶ | 9109.01 | 150481.10 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 9109.01 | 150481.10 |

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 | 173.05 | 2465.61 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 173.05 | 2465.61 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 16500.00 | 151500.00 |
| 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 | 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)) .. | 16673.05 | 153965.61 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 16673.05 | 153965.61 |

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) | 8935.96 | 149788.42 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 8935.96 | 149788.42 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 173.05 | 2465.61 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 173.05 | 2465.61 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 45 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Lisa Dombro
Full Name (Last, First, Middle Initial)
Mailing Address 927 Prairie Avenue
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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4230.82

Date of Receipt 10 / 31 / 2015
Transaction ID : PR110048119559
Amount of Each Receipt this Period 384.62
P/R Deduction (\$384.62 Monthly)

B. Karen Butler
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 Senior Director Clinical Technology Tr
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR117492119559
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Monthly)

C. Stephanie DeFranco
Full Name (Last, First, Middle Initial)
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 10 / 31 / 2015
Transaction ID : PR117492619559
Amount of Each Receipt this Period 76.92
P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 481.54
TOTAL This Period (last page this line number only).....▶

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

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

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

A. Kathleen Kawa
Full Name (Last, First, Middle Initial)
Mailing Address 90 Glacier Avenue
City Westwood State MA Zip Code 02090
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Regional Director of Education
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR117493019559
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

B. Julia Brennan
Full Name (Last, First, Middle Initial)
Mailing Address 8 King Road
City Rockleigh State NJ Zip Code 07647
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation VP Business Relations Spectra Labs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR117493519559
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 10 / 31 / 2015
Transaction ID : PR117601519559
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 110.00
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 8 OF 45 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)
A. 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
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR117601819559

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 ▼ **380.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR117601919559

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
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR117602019559

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

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

A. 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
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015
Transaction ID : PR117602119559
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
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015
Transaction ID : PR117602319559
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
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015
Transaction ID : PR117602419559
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 10 OF 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|---------------------------------------|-------------------|--|
| Full Name (Last, First, Middle Initial) A. Jeffrey Perritano | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015 |
| Mailing Address 111 E Elizabeth | | | Transaction ID : PR117631419559 |
| City Clinton | State NC | Zip Code 28328 | Amount of Each Receipt this Period 30.00 |
| 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 ▼ 288.36 | | P/R Deduction (\$30.00 Monthly) |

| | | | |
|---|---|-------------------|--|
| Full Name (Last, First, Middle Initial) B. Joseph Ruma | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015 |
| Mailing Address 920 Winter Street | | | Transaction ID : PR120637119559 |
| City Waltham | State MA | Zip Code 02451 | Amount of Each Receipt this Period 60.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Fresenius Medical Care NA | Occupation VP Development Acquisitions | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 660.00 | | P/R Deduction (\$60.00 Monthly) |

| | | | |
|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial) C. Brian Silva | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015 |
| Mailing Address 920 Winter Street | | | Transaction ID : PR124957119559 |
| City Waltham | State MA | Zip Code 02451 | Amount of Each Receipt this Period 384.62 |
| 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 ▼ 4230.82 | | P/R Deduction (\$384.62 Monthly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 474.62 |
| 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: | PAGE 11 OF 45 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)
A. Marion Andersen

Mailing Address 475 West 13th Street

City State Zip Code
Ogden UT 84404

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

Name of Employer Occupation
Fresenius Medical Care NA Principal Scientist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR127647319559

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 1421 Champion Forest Ct

City State Zip Code
Wheaton IL 60187

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

Name of Employer Occupation
Fresenius Medical Care NA General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt
10 / 31 / 2015
Transaction ID : PR127647419559

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 225 E. Germann Road #230

City State Zip Code
Gilbert AZ 85297

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

Name of Employer Occupation
Fresenius Medical Care NA Sr. Director of Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR127647919559

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 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 12 OF 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. Robert Levin
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 E 62nd Street, 4th Floor
 City New York State NY Zip Code 10065
 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 ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR127648019559
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Monthly)

B. Jody MacDonald
 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 ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR127648119559
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Monthly)

C. Kristi Wells
 Full Name (Last, First, Middle Initial)
 Mailing Address 32423 Schoolcraft Road
 City Livonia State MI Zip Code 48150
 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 10 / 31 / 2015
Transaction ID : PR131002419559
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.46
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 13 OF 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

Full Name (Last, First, Middle Initial)
A. Gregory Garza

Mailing Address 2020 E First St, #110

City Santa Ana State CA Zip Code 92705

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR131002519559

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 2901 Via Fortuna, Suite 600 Suite 600

City Austin State TX Zip Code 78746

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

Name of Employer Fresenius Medical Care NA Occupation President, Fresenius Health Partners

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **770.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR131002819559

Amount of Each Receipt this Period **140.00**

P/R Deduction (\$140.00 Monthly)

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

Mailing Address 7581 NW 23rd Street

City Pembroke Pines State FL Zip Code 33024

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

Name of Employer Fresenius Medical Care NA Occupation Director of Finance RECS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR131011419559

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **218.46**

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: | PAGE 14 OF 45 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 3500 Lacey Road, Suite 900

City Downers Grove State IL Zip Code 60515

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 **10 / 31 / 2015**

Transaction ID : PR131011519559

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)
B. Alexander Turfe

Mailing Address 920 Winter Street, Suite 4346

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 ▼ **807.73**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR131193819559

Amount of Each Receipt this Period **230.78**

P/R Deduction (\$230.78 Monthly)

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

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 ▼ **4230.60**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR78835819559

Amount of Each Receipt this Period **384.60**

P/R Deduction (\$384.60 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **653.84**

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

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

A. 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR78836519559
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$384.60 Monthly)

B. 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 10 / 31 / 2015
Transaction ID : PR78837419559
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Robert P. Loeper
 Full Name (Last, First, Middle Initial)
 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 10 / 31 / 2015
Transaction ID : PR78837519559
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$76.92 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 491.52 |
| 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 16 OF 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Allen Mills
 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 Group Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR78837919559
 Amount of Each Receipt this Period **76.92**
 P/R Deduction (\$76.92 Monthly)

B. James Pearce
 Full Name (Last, First, Middle Initial)
 Mailing Address 5212 Blackhawk Dr
 City Danville State CA Zip Code 94506-5863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation RQM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR78838119559
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

C. Monica Cobb
 Full Name (Last, First, Middle Initial)
 Mailing Address 5251 Dtc Pkwy Suite 500
 City Greenwood Village State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Group Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **423.06**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR78839119559
 Amount of Each Receipt this Period **38.46**
 P/R Deduction (\$38.46 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 145.38 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

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

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
10 / 31 / 2015

Transaction ID : PR78839619559

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
10 / 31 / 2015

Transaction ID : PR78839719559

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
10 / 31 / 2015

Transaction ID : PR78839919559

Amount of Each Receipt this Period
230.76

P/R Deduction (\$230.76 Monthly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 45 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)
A. 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
10 / 31 / 2015
Transaction ID : PR78840019559

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
10 / 31 / 2015
Transaction ID : PR78840119559

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
10 / 31 / 2015
Transaction ID : PR78840519559

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

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

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

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

City Atlanta State GA Zip Code 30339-7004

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

Name of Employer Fresenius Medical Care NA Occupation Group Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **682.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR78840719559

Amount of Each Receipt this Period
62.00

P/R Deduction (\$62.00 Monthly)

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

Mailing Address 6 Williams Street

City Waltham State MA Zip Code 02453-4131

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

Name of Employer Fresenius Medical Care NA Occupation Director of Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1057.76**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR78849519559

Amount of Each Receipt this Period
96.16

P/R Deduction (\$96.16 Monthly)

Full Name (Last, First, Middle Initial)
C. Carol A Ernst

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
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR78850019559

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 235.08 |
| 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 20 OF 45 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. 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
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR78851019559

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

B. Matthew D Kinser
Full Name (Last, First, Middle Initial)

Mailing Address 750 Old Hickory Blvd Suite 230 Suite 230

City Brentwood State TN Zip Code 37027-4528

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

Name of Employer Fresenius Medical Care NA Occupation VP Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR78851519559

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

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

Mailing Address 105 W 7th Avenue Suite 1000 Suite 1000

City Corsicana State TX Zip Code 75110-6449

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

Name of Employer Fresenius Medical Care NA Occupation Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR78852419559

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 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 21 OF 45 |
| | <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. Barry M Doherty
 Full Name (Last, First, Middle Initial)
 Mailing Address 13216 NE Salmon Creek Ave, Suite K
 City Vancouver State WA Zip Code 98686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Fresenius Medical Care NA Occupation: Deployment Project Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt: 10 / 31 / 2015
Transaction ID : PR78853819559
 Amount of Each Receipt this Period: 20.00
 P/R Deduction (\$20.00 Monthly)

B. Wm Gary Livesay
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 10th Avenue South
 City Surfside Beach State MA Zip Code 29575-3213
 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 **220.00**

Date of Receipt: 10 / 31 / 2015
Transaction ID : PR78854319559
 Amount of Each Receipt this Period: 20.00
 P/R Deduction (\$20.00 Monthly)

C. Mark R Fawcett
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Franklin Street
 City Arlington State MA Zip Code 02474-3214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Fresenius Medical Care NA Occupation: Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.06**

Date of Receipt: 10 / 31 / 2015
Transaction ID : PR78855819559
 Amount of Each Receipt this Period: 38.46
 P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **78.46**
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 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Jessica Orlando
 Full Name (Last, First, Middle Initial)
 Mailing Address 93 Russell Street
 City Waltham State MA Zip Code 02453-8510
 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 ▼ 253.66

Date of Receipt 10 / 31 / 2015
Transaction ID : PR78855919559
 Amount of Each Receipt this Period 23.06
 P/R Deduction (\$23.06 Monthly)

B. David Sweet
 Full Name (Last, First, Middle Initial)
 Mailing Address 2620 Old Shell Rd
 City Mobile State AL Zip Code 36607-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Director, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR78856319559
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Monthly)

C. Nicole Devore
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 Pennsylvania Ave NW Suite 225 Suite 225
 City Washington State DC Zip Code 20004-2604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 10 / 31 / 2015
Transaction ID : PR78857519559
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 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: (check only one) | PAGE 23 OF 45 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Jayme Patterson
Full Name (Last, First, Middle Initial)
Mailing Address 475 West 13th Street
City Ogden State UT Zip Code 84404
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Director of Solutions
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR78859019559
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

B. Judith Moran
Full Name (Last, First, Middle Initial)
Mailing Address 2201 South Clinton Ave 2nd Floor 2nd Floor
City South Plainfield State NJ Zip Code 07080-1473
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Regional Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 423.06

Date of Receipt 10 / 31 / 2015
Transaction ID : PR78860019559
Amount of Each Receipt this Period 38.46
P/R Deduction (\$38.46 Monthly)

C. Robert Sepucha
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 Senior Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4230.82

Date of Receipt 10 / 31 / 2015
Transaction ID : PR78860819559
Amount of Each Receipt this Period 384.62
P/R Deduction (\$384.62 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 463.08
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 45 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Sandra Geraci | | Date of Receipt 10 / 31 / 2015 Transaction ID : PR78862919559 |
| 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 ▼ 880.00 | |
| | | P/R Deduction (\$80.00 Monthly) |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Michael Ramsey | | Date of Receipt 10 / 31 / 2015 Transaction ID : PR78863119559 |
| 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 ▼ 423.06 | |
| | | P/R Deduction (\$38.46 Monthly) |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Jacqueline Wenzler | | Date of Receipt 10 / 31 / 2015 Transaction ID : PR78863219559 |
| 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) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 138.46 |
| 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 25 OF 45 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 6100 Dutchmans Lane, 8th Floor

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Louisville | KY | 40205 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 31 | / | 2015 |

Transaction ID : PR79795919559

Amount of Each Receipt this Period

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

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 920 Winter Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 31 | / | 2015 |

Transaction ID : PR79796519559

Amount of Each Receipt this Period

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

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 920 Winter Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **297.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 31 | / | 2015 |

Transaction ID : PR79796719559

Amount of Each Receipt this Period

| |
|-------|
| 27.00 |
|-------|

P/R Deduction (\$27.00 Monthly)

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 26 OF 45 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Terry L Ketchersid
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR79797619559

Amount of Each Receipt this Period
200.00

P/R Deduction (\$200.00 Monthly)

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

Mailing Address 5251 Dtc Pkwy Suite 500

City Greenwood Village State CO Zip Code 80111-2734

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR79797819559

Amount of Each Receipt this Period
19.24

P/R Deduction (\$19.24 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR79798319559

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 257.70 |
| 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 27 OF 45 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Catherine Dubinsky | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015 Transaction ID : PR81310819559 |
| Mailing Address 920 Winter Street | | Amount of Each Receipt this Period 76.92 |
| City Waltham | State MA | Zip Code 02451 |
| FEC ID number of contributing federal political committee. C | Name of Employer Fresenius Medical Care NA | Occupation VP Operations Integrity |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 846.12 | P/R Deduction (\$76.92 Monthly) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Christopher Fonvielle | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015 Transaction ID : PR81310919559 |
| Mailing Address 920 Winter Street | | Amount of Each Receipt this Period 24.00 |
| City Waltham | State MA | Zip Code 02451 |
| FEC ID number of contributing federal political committee. C | Name of Employer Fresenius Medical Care NA | Occupation Manager |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 264.00 | P/R Deduction (\$24.00 Monthly) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. William Fink | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015 Transaction ID : PR83067519559 |
| Mailing Address 32 Hartwell Ave | | Amount of Each Receipt this Period 100.00 |
| City Lexington | State MA | Zip Code 02451 |
| FEC ID number of contributing federal political committee. C | Name of Employer Fresenius Medical Care NA | Occupation VP, ITG |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | P/R Deduction (\$100.00 Monthly) |

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

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

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

FOR LINE NUMBER: PAGE 28 OF 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Keith Alderman

Mailing Address 5268 East Raines Road

City State Zip Code
Memphis TN 38118

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

Name of Employer Occupation
Fresenius Medical Care NA Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR87329919559

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 State Zip Code
Los Angeles CA 91342

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

Name of Employer Occupation
Fresenius Medical Care NA Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
284.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR87330219559

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 511 N Brookhurst Street, Suite 100
Suite 100

City State Zip Code
Anaheim CA 92801

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

Name of Employer Occupation
Fresenius Medical Care NA Clincl Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR87330319559

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 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 29 OF 45 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address 124 Verdae Blvd

City Greenville State SC Zip Code 29650

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

Name of Employer Fresenius Medical Care NA Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR87330419559

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 1607 Revella Arch

City Chesapeake State VA Zip Code 23322

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

Name of Employer Fresenius Medical Care NA Occupation Pysician Contracting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR93418919559

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

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

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 ▼ **423.06**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR93419119559

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: | PAGE 30 OF 45 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. 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 ▼ 254.10

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015
Transaction ID : PR93419319559
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
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015
Transaction ID : PR93420419559
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Monthly)

C. Deanna L 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 ▼ 210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015
Transaction ID : PR93420819559
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 45 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. 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 **10 / 31 / 2015**
Transaction ID : PR93420919559
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 **10 / 31 / 2015**
Transaction ID : PR93421219559
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 **10 / 31 / 2015**
Transaction ID : PR93696419559
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 45 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mary Jo Davis | | Date of Receipt 10 / 31 / 2015 Transaction ID : PR93696519559 |
| Mailing Address One Westbrook Corporate Ctr, Suite | | Amount of Each Receipt this Period 24.00 |
| City Westchester | State IL | Zip Code 60154 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$24.00 Monthly) |
| Name of Employer Fresenius Medical Care NA | Occupation Director of Business Development | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 264.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. James Easterbrook | | Date of Receipt 10 / 31 / 2015 Transaction ID : PR93696619559 |
| Mailing Address 4646 N Greenview Ave #10 | | Amount of Each Receipt this Period 30.00 |
| City Chicago | State IL | Zip Code 60640 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$30.00 Monthly) |
| Name of Employer Fresenius Medical Care NA | Occupation Director of Business Development | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Domenic Gaeta | | Date of Receipt 10 / 31 / 2015 Transaction ID : PR93697019559 |
| Mailing Address 920 Winter Street | | Amount of Each Receipt this Period 20.00 |
| City Waltham | State MA | Zip Code 02451 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$20.00 Monthly) |
| 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 ▼ 220.00 | |

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

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

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

Mailing Address 100 Galleria Drive, Suite 500

City Atlanta State GA Zip Code 30080

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

Name of Employer Fresenius Medical Care NA Occupation Director Market Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR93697219559

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 **10 / 31 / 2015**

Transaction ID : PR93697819559

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 **10 / 31 / 2015**

Transaction ID : PR93698019559

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

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

A. 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 10 / 31 / 2015
Transaction ID : PR93698619559
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 10 / 31 / 2015
Transaction ID : PR93698819559
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 ▼ 615.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR93698919559
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 89.24
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 45 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. David 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 **10 / 31 / 2015**

Transaction ID : PR93699219559

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 **10 / 31 / 2015**

Transaction ID : PR93699519559

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 **10 / 31 / 2015**

Transaction ID : PR93699719559

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

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

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

Mailing Address 5251 DTC Parkway, Suite 700

City Greenwood Village State CO Zip Code 80111

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

Name of Employer Fresenius Medical Care NA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.53**

Date of Receipt
 / /
Transaction ID : PR93700219559

Amount of Each Receipt this Period

P/R Deduction (\$8.00 Monthly)

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

Mailing Address 2219 Hollywood Blvd, Suite 101

City Hallandale State FL Zip Code 33009

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt
 / /
Transaction ID : PR94193219559

Amount of Each Receipt this Period

P/R Deduction (\$76.92 Monthly)

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

Mailing Address 630 West Germantown Pike, Suite 10

City Plymouth Meeting State PA Zip Code 19462

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt
 / /
Transaction ID : PR94193319559

Amount of Each Receipt this Period

P/R Deduction (\$35.00 Monthly)

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="119.92"/> |
| 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 37 OF 45 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Douglas S Maggio
Full Name (Last, First, Middle Initial)
Mailing Address 950 Golfview Ct
City Dacula State GA Zip Code 30019
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Senior Director Business Development
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 254.10

Date of Receipt 10 / 31 / 2015
Transaction ID : PR94193519559
Amount of Each Receipt this Period 23.10
P/R Deduction (\$23.10 Monthly)

B. 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 10 / 31 / 2015
Transaction ID : PR94193619559
Amount of Each Receipt this Period 240.00
P/R Deduction (\$240.00 Monthly)

C. 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 10 / 31 / 2015
Transaction ID : PR94193719559
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 313.10
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 38 OF 45 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt: **10 / 31 / 2015**

Transaction ID : PR94194119559

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: **10 / 31 / 2015**

Transaction ID : PR94305119559

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: **10 / 31 / 2015**

Transaction ID : PR94305219559

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

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

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

Mailing Address 129 West Trade Street, Suite 1050

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 31 | / | 2015 |

Transaction ID : PR94305319559

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 | State | Zip Code |
| Charlotte | NC | 28216 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 31 | / | 2015 |

Transaction ID : PR94305419559

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 | State | Zip Code |
| Oklahoma City | OK | 73112 |

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

| | |
|---------------------------|-------------------------|
| Name of Employer | Occupation |
| Fresenius Medical Care NA | Regional Vice President |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 31 | / | 2015 |

Transaction ID : PR94306219559

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

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

A. James W Swann
Full Name (Last, First, Middle Initial)
Mailing Address 3725 National Drive, Suite 130

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 31 | / | 2015 |

Transaction ID : PR94307319559

Amount of Each Receipt this Period

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

P/R Deduction (\$20.00 Monthly)

B. 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 ▼ **242.13**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 31 | / | 2015 |

Transaction ID : PR94307419559

Amount of Each Receipt this Period

| |
|-------|
| 11.53 |
|-------|

P/R Deduction (\$11.53 Monthly)

C. Michael Tully
Full Name (Last, First, Middle Initial)
Mailing Address 920 Winter Street

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

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

| | |
|---|--------------------------------|
| Name of Employer Fresenius Medical Care NA | Occupation Mgr Corp Systems |
|---|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 31 | / | 2015 |

Transaction ID : PR94307519559

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

P/R Deduction (\$30.00 Monthly)

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 61.53 |
| TOTAL This Period (last page this line number only)..... | 7552.29 |

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

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

FOR LINE NUMBER: PAGE 41 OF 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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 ▼
692.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : 9534550

Amount of Each Receipt this Period
173.05

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 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 Y Y

Amount of Each Receipt this Period

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 173.05 |
| TOTAL This Period (last page this line number only).....▶ | 173.05 |

**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

A. Global Payments

Full Name (Last, First, Middle Initial)

Mailing Address 10705 Red Run Blvd

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement Bank Service Charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2015

Transaction ID : 9472307

Amount of Each Disbursement this Period: 173.05

Bank Service Charge

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶ 173.05

TOTAL This Period (last page this line number only)..... ▶ 173.05

**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
Disbursement For: 2016 Primary General Other (specify) ▼
State: NC District: 02

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : 9465580

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Blumenthal For Connecticut

Mailing Address C/O Cacace Tusch & Santagata
777 Summer St Suite 103

City Stamford State CT Zip Code 06901

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Sen. Richard Blumenthal

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CT District: Convention2016

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : 9488292

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Blumenthal For Connecticut

Mailing Address C/O Cacace Tusch & Santagata
777 Summer St Suite 103

City Stamford State CT Zip Code 06901

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Sen. Richard Blumenthal

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CT District:

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : 9488293

Amount of Each Disbursement this Period

5000.00

Direct Contribution

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Making America Prosperous PAC

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Making America Prosperous PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : 9495173

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Thune

Mailing Address PO Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. John R. Thune

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : 9496211

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. S. Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2015

Transaction ID : 9496537

Amount of Each Disbursement this Period

3000.00

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. Friends Of John Thune

Mailing Address PO Box 841

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Sen. John R. Thune

Category/
Type

Office Sought: House
 Senate
 President
State: SD District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 9507242

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends for Jim McDermott

Mailing Address PO Box 21786

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Rep. Jim McDermott

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 9518833

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Jason Smith For Congress

Mailing Address PO Box 1324

City State Zip Code
Cape Girardeau MO 63702

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Rep. Jason Smith

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 9518834

Amount of Each Disbursement this Period

2000.00

Direct Contribution

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

3500.00

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

16500.00