

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
Fresenius Medical Care North America PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)
 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Eric P Bishop

Signature of Treasurer Eric P Bishop [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2016"/>		<input type="text" value="97377.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="43480.84"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13191.40"/>	<input type="text" value="29068.57"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="56672.24"/>	<input type="text" value="126446.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4536.00"/>	<input type="text" value="74309.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="52136.24"/>	<input type="text" value="52136.24"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 02 / 01 / 2016 To: M M / D D / Y Y Y Y 02 / 29 / 2016

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).....	8701.82	17093.11
(ii) Unitemized	4489.58	11701.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13191.40	28794.67
(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)	13191.40	28794.67
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	273.90
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	13191.40	29068.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13191.40	29068.57

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	36.00	309.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	36.00	309.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	74000.00
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)) ..	4536.00	74309.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4536.00	74309.90

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)	13191.40	28794.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13191.40	28794.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	36.00	309.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	273.90
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36.00	36.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 12
	(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

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. Terry L Ketchersid
 Full Name (Last, First, Middle Initial)
 Mailing Address 2751 North Main St.
 City Danville State VA Zip Code 24540-2017
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2016
Transaction ID : AF9967F34B5624715BDB
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll Deduction: \$100.00/

B. Brian Silva
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Nelson Circle
 City Bedford State MA Zip Code 01730-1096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation SVP, Human Resources & Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2016
Transaction ID : A9C7FD34775EF4417986
 Amount of Each Receipt this Period 384.62
 Memo Item
 Payroll Deduction: \$192.31/

C. Jeffrey Hymes
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Belle Mead Blvd
 City Nashville State TN Zip Code 37205-3416
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2016
Transaction ID : A87EB72D1F9A049DAB67
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll Deduction: \$100.00/

SUBTOTAL of Receipts This Page (optional).....	784.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<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 G Kott
 Full Name (Last, First, Middle Initial)
 Mailing Address Headquarters
 920 Winter Street
 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: Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **961.50**

Date of Receipt: 02 / 27 / 2016
Transaction ID : A005379B051EA4D1E8AC
 Amount of Each Receipt this Period: **384.60**
 Memo Item
 Payroll Deduction: \$192.30/

B. Robert Charles Sepucha
 Full Name (Last, First, Middle Initial)
 Mailing Address Headquarters
 920 Winter Street
 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: Senior Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **961.55**

Date of Receipt: 02 / 27 / 2016
Transaction ID : AAB5671577CC9485BADA
 Amount of Each Receipt this Period: **384.62**
 Memo Item
 Payroll Deduction: \$192.31/

C. Kimberly Lynn Sonnen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5251 DTC Parkway
 One DTC Suite 500
 City Greenwood Village State CO Zip Code 80111-2799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Fresenius Medical Care NA Occupation: SVP Marketing & Managed Care
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **650.00**

Date of Receipt: 02 / 27 / 2016
Transaction ID : AADFF55F1DFF64DD6A1C
 Amount of Each Receipt this Period: **260.00**
 Memo Item
 Payroll Deduction: \$130.00/

SUBTOTAL of Receipts This Page (optional).....	1029.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 12
	<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. Nicholas R Brownlee

Mailing Address Headquarters
920 Winter Street

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 President SRM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
961.50

Date of Receipt
02 / 27 / 2016
Transaction ID : AD696E72433294F5C971

Amount of Each Receipt this Period
384.60

Memo Item
Payroll Deduction: \$192.30/

Full Name (Last, First, Middle Initial)
B. Patrick L McCarthy

Mailing Address 82 Belcher Drive

City Sudbury State MA Zip Code 01776-1247

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 ▼
600.00

Date of Receipt
02 / 27 / 2016
Transaction ID : A5679C5F094DB460F908

Amount of Each Receipt this Period
240.00

Memo Item
Payroll Deduction: \$120.00/

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

Mailing Address 927 Prairie Ave

City Park Ridge State IL Zip Code 60068-3937

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 ▼
961.55

Date of Receipt
02 / 27 / 2016
Transaction ID : AB12288F358634DBDBE5

Amount of Each Receipt this Period
384.62

Memo Item
Payroll Deduction: \$192.31/

SUBTOTAL of Receipts This Page (optional).....▶	1009.22
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 12
<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. Deborah A Harvey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1940 Lodge Road
 City Kennesaw State GA Zip Code 30144-7520
 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 ▼
 750.00

Date of Receipt
 02 / 27 / 2016
Transaction ID : A3E2456D6BBBC4B8BA71
 Amount of Each Receipt this Period
 300.00
 Memo Item
 Payroll Deduction: \$150.00/

B. Liam J Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address Headquarters
 920 Winter Street
 City Waltham State MA Zip Code 02451-1521
 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 ▼
 335.00

Date of Receipt
 02 / 27 / 2016
Transaction ID : AF3BB4C110A5C4A24BDC
 Amount of Each Receipt this Period
 134.00
 Memo Item
 Payroll Deduction: \$67.00/

C. William McKinney
 Full Name (Last, First, Middle Initial)
 Mailing Address 3711 South Mopac Expsy
 City Austin State TX Zip Code 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fresenius Medical Care NA President, Fresenius Health Partners
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 02 / 27 / 2016
Transaction ID : A103F5511C75548A2B73
 Amount of Each Receipt this Period
 140.00
 Memo Item
 Payroll Deduction: \$70.00/

SUBTOTAL of Receipts This Page (optional).....	574.00
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 10 OF 12
	(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. Donna J McCarthy

Mailing Address 5251 DTC Parkway
One DTC Suite 500

City Greenwood Village State CO Zip Code 80111-2799

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

Name of Employer Fresenius Medical Care NA Occupation Division President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
02 / 27 / 2016
Transaction ID : A44DB712065A64ADD8D1

Amount of Each Receipt this Period
230.76

Memo Item
Payroll Deduction: \$115.38/

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

Mailing Address 80 Daniels Ln

City Carlisle State MA Zip Code 01741-1055

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

Name of Employer Fresenius Medical Care NA Occupation VP, ITG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 27 / 2016
Transaction ID : AD79503723AF2419BB54

Amount of Each Receipt this Period
100.00

Memo Item
Payroll Deduction: \$50.00/

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

Mailing Address 4540 Warren Street NW

City Washington State DC Zip Code 20016-2442

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

Name of Employer Fresenius Medical Care NA Occupation VP, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4877.84

Date of Receipt
02 / 27 / 2016
Transaction ID : A15BBD03D46D24B168A2

Amount of Each Receipt this Period
4877.84

Memo Item
Payroll Deduction: \$4877.84/

SUBTOTAL of Receipts This Page (optional)..... ▶ 5208.60

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 12
(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)
Steven P Covino

Mailing Address Headquarters
 920 Winter Street

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Occupation
 Fresenius Medical Care NA Director of Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2016

Transaction ID : AAA839792399447C0897

Amount of Each Receipt this Period
 96.16

Memo Item
 Payroll Deduction: \$48.08/

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	96.16
TOTAL This Period (last page this line number only).....▶	8701.82

**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 Don Beyer

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Political Contribution

Candidate Name
Rep. Don S. Beyer Jr.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: VA District: 08

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : B8FAEB385F0824BE4A2B

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement
Political Contribution- Primary 2016

Candidate Name
Rep. Kyrsten Sinema

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : B624756EC529E43898FC

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COMMON SENSE COLORADO

Mailing Address PO BOX 1978

City DENVER State CO Zip Code 80201

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District: Other2016

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : BE90B91A485224142BCF

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

4500.00