



**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="2013"/>		46781.11
(b) Cash on Hand at Beginning of Reporting Period.....	64185.04	
(c) Total Receipts (from Line 19) .....	9918.36	151960.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	74103.40	198741.22
7. Total Disbursements (from Line 31).....	46073.92	170711.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28029.48	28029.48
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Fresenius Medical Care North America PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8127.16	117254.70
(ii) Unitemized .....	1791.20	31380.46
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9918.36	148635.16
(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) .....	9918.36	148635.16
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	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	324.95
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))..... ▶	9918.36	151960.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9918.36	151960.11

**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 .....	73.92	961.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	73.92	961.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	167750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	46073.92	170711.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46073.92	170711.74

**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) .....	9918.36	148635.16
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9918.36	148635.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	73.92	961.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	73.92	961.74

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
<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 **3461.58**

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR11004817085**  
Amount of Each Receipt this Period: **384.62**  
P/R Deduction (\$384.62 Monthly)

**B. 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 **384.60**

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR11749267085**  
Amount of Each Receipt this Period: **76.92**  
P/R Deduction (\$76.92 Monthly)

**C. 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 **250.00**

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : PR11749307085**  
Amount of Each Receipt this Period: **50.00**  
P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **511.54**  
**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 41
	<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. Donald N Cantalupo**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Patterson Plank Rd, #313

City Jersey City State NJ Zip Code 07307

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

Name of Employer Fresenius Medical Care NA Occupation RSM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR11760187085**

Amount of Each Receipt this Period  
**50.00**

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 516 Goldenwest

City Huntington Beach State CA Zip Code 92648

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR11760207085**

Amount of Each Receipt this Period  
**76.92**

P/R Deduction (\$76.92 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR11760237085**

Amount of Each Receipt this Period  
**50.00**

P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Douglas G. Kott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 211 Claybook Rd.  
City Dover State MA Zip Code 02030-2008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3653.89

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR7883587085**  
Amount of Each Receipt this Period 384.62  
P/R Deduction (\$384.62 Monthly)

**B. Nicholas Brownlee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12 Deer Grass Ln  
City Acton State MA Zip Code 01720-4755  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation President SRM  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3653.89

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR7883657085**  
Amount of Each Receipt this Period 384.62  
P/R Deduction (\$384.62 Monthly)

**c. Claire Callahan**  
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 SVP Human Resources & Admin  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3135.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR7883707085**  
Amount of Each Receipt this Period 330.00  
P/R Deduction (\$330.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1099.24  
**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 9 OF 41
	<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. Wendy Schrag**

Mailing Address 625 Medical Center Dr

City State Zip Code  
Newton KS 67114-8780

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

Name of Employer Occupation  
Fresenius Medical Care NA Director, Advocacy & Gov Affai

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR7883747085**

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 10431 Oakbrook Dr

City State Zip Code  
Tampa FL 33618-5352

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

Name of Employer Occupation  
Fresenius Medical Care NA Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.74

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR7883757085**

Amount of Each Receipt this Period  
76.92

P/R Deduction (\$76.92 Monthly)

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

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 Group Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.14

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR7883797085**

Amount of Each Receipt this Period  
76.92

P/R Deduction (\$76.92 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 183.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Jeffrey J Sands**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 231 Celebration Blvd  
 City Celebration State FL Zip Code 34747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation VP & Associate Medical Director Device  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **384.60**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : PR7883827085**  
 Amount of Each Receipt this Period **76.92**  
 P/R Deduction (\$76.92 Monthly)

**B. Arturo Villamil**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Medici St.  
 City San Juan State PR Zip Code 00926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1461.48**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : PR7883877085**  
 Amount of Each Receipt this Period **153.84**  
 P/R Deduction (\$153.84 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 ▼ **365.37**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : PR7883917085**  
 Amount of Each Receipt this Period **38.46**  
 P/R Deduction (\$38.46 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
<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. Robin Purcell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 920 Winter Street  
City Waltham State MA Zip Code 02451  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation VP of HR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR7883937085**  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$200.00 Monthly)

**B. Simon Catellanos**  
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 Executive VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3653.89

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR7883947085**  
Amount of Each Receipt this Period 384.62  
P/R Deduction (\$384.62 Monthly)

**c. Terry O Gilpin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4631 Woodland Corporate Blvd Suite Suite 113  
City Tampa State FL Zip Code 33614-2414  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation President DSD North Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1461.48

Date of Receipt 09 / 30 / 2013  
**Transaction ID : PR7883957085**  
Amount of Each Receipt this Period 153.84  
P/R Deduction (\$153.84 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 738.46  
**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 41
	<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 ▼  
**722.00**

Date of Receipt  
**09 / 30 / 2013**

**Transaction ID : PR7883967085**

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 ▼  
**2850.00**

Date of Receipt  
**09 / 30 / 2013**

**Transaction ID : PR7883977085**

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 ▼  
**461.52**

Date of Receipt  
**09 / 30 / 2013**

**Transaction ID : PR7883997085**

Amount of Each Receipt this Period  
**230.76**

P/R Deduction (\$230.76 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>606.76</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
	<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 ▼  
1273.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR7884007085**

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 ▼  
2470.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR7884017085**

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 ▼  
3230.74

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : PR7884057085**

Amount of Each Receipt this Period  
76.92

P/R Deduction (\$76.92 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
	<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 ▼  
**589.00**

Date of Receipt  
**09 / 30 / 2013**

**Transaction ID : PR7884077085**

Amount of Each Receipt this Period  
**62.00**

P/R Deduction (\$62.00 Monthly)

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

Mailing Address 6100 Dutchmans Lane, 14th Floor

City Louisville State KY Zip Code 40205

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

Name of Employer Fresenius Medical Care NA Occupation Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**380.00**

Date of Receipt  
**09 / 30 / 2013**

**Transaction ID : PR7884187085**

Amount of Each Receipt this Period  
**40.00**

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
**1827.04**

Date of Receipt  
**09 / 30 / 2013**

**Transaction ID : PR7884957085**

Amount of Each Receipt this Period  
**192.32**

P/R Deduction (\$192.32 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **294.32**

**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 41
	<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. Carol A Ernst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22370 N 64th Ave  
 City Glendale State AZ Zip Code 85310-4259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Area Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR7885007085**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$76.92 Monthly)

**B. Matthew D Kinser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Old Hickory Blvd Suite 230 Suite 230  
 City Brentwood State TN Zip Code 37027-4528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation VP Managed Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR7885157085**  
 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 ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR7885247085**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
	<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. Charles E Brown**

Mailing Address 4640 Glen Coe Street

City Leesburg State FL Zip Code 34748-2304

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

Name of Employer Fresenius Medical Care NA Occupation Clinical Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR7885367085**

Amount of Each Receipt this Period  
**40.00**

P/R Deduction (\$40.00 Monthly)

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

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 ▼ **365.37**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR7885587085**

Amount of Each Receipt this Period  
**38.46**

P/R Deduction (\$38.46 Monthly)

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

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 ▼ **219.07**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR7885597085**

Amount of Each Receipt this Period  
**23.06**

P/R Deduction (\$23.06 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **101.52**

**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 17 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kimberly Grelle-Swint**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6100 Bandera Rd Suite 600  
 Suite 600  
 City San Antonio State TX Zip Code 78238-1667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Regional Director of Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR7885657085**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$40.00 Monthly)

**B. 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 ▼ 365.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR7885757085**  
 Amount of Each Receipt this Period  
 38.46  
 P/R Deduction (\$38.46 Monthly)

**C. Balaji Gandhi**  
 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 VP Gov't & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR7885817085**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	178.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
	<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. Jayme Patterson**  
Full Name (Last, First, Middle Initial)  
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	Director of Solutions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **371.53**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR7885907085**

Amount of Each Receipt this Period  

40.00
-------

P/R Deduction (\$40.00 Monthly)

**B. Mimi Storey**  
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	Assistant General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR7885987085**

Amount of Each Receipt this Period  

24.00
-------

P/R Deduction (\$24.00 Monthly)

**C. Judith Moran**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2201 South Clinton Ave 2nd Floor  
2nd Floor

City	State	Zip Code
South Plainfield	NJ	07080-1473

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 ▼ **365.37**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR7886007085**

Amount of Each Receipt this Period  

38.46
-------

P/R Deduction (\$38.46 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>102.46</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Robert Sepucha**

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.79**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR7886087085**

Amount of Each Receipt this Period  
**384.62**

P/R Deduction (\$384.62 Monthly)

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

Mailing Address 262 Berenger Walk

City West Palm Beach State FL Zip Code 33414

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

Name of Employer Fresenius Medical Care NA Occupation Director of Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR7886297085**

Amount of Each Receipt this Period  
**80.00**

P/R Deduction (\$80.00 Monthly)

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

Mailing Address 4 Cubs Path

City Hopkinton State MA Zip Code 01748

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

Name of Employer Fresenius Medical Care NA Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR7886317085**

Amount of Each Receipt this Period  
**38.46**

P/R Deduction (\$38.46 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **503.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
	<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 ▼ **365.37**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR7979597085**

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 ▼ **365.37**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR7979657085**

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 ▼ **256.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR7979677085**

Amount of Each Receipt this Period  

27.00
-------

P/R Deduction (\$27.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 41
	<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) <b>A. Thomas C Graham</b>		Date of Receipt 09 / 30 / 2013 <b>Transaction ID : PR7979687085</b>
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 50.00
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C	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 ▼ 475.00	
		P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Terry L Ketchersid</b>		Date of Receipt 09 / 30 / 2013 <b>Transaction ID : PR7979767085</b>
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 100.00
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C	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 ▼ 950.00	
		P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Manikandan Pandi</b>		Date of Receipt 09 / 30 / 2013 <b>Transaction ID : PR7979837085</b>
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 38.46
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C	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 ▼ 365.37	
		P/R Deduction (\$38.46 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Catherine Dubinsky</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 <b>Transaction ID : PR8131087085</b>
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 76.92
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation VP Operations Integrity
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.74	P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Christopher Fonvielle</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 <b>Transaction ID : PR8131097085</b>
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 ▼ 258.00	P/R Deduction (\$24.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. William Fink</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 <b>Transaction ID : PR8306757085</b>
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 ▼ 950.00	P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<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. Robyn Seitzinger**  
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, Renal Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR8409367085**

Amount of Each Receipt this Period  
**38.46**

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 3545 Wilshire Blvd, Suite 103

City Los Angeles State CA Zip Code 91342

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

Name of Employer Fresenius Medical Care NA Occupation Clinical Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR8733027085**

Amount of Each Receipt this Period  
**38.46**

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 511 N Brookhurst Street, Suite 100  
Suite 100

City Anaheim State CA Zip Code 92801

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

Name of Employer Fresenius Medical Care NA Occupation Clincl Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : PR8733037085**

Amount of Each Receipt this Period  
**40.00**

P/R Deduction (\$40.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<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. 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 ▼ **570.00**

Date of Receipt: **09 / 30 / 2013**

**Transaction ID : PR8733047085**

Amount of Each Receipt this Period: **60.00**

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 1276 Kitson Street

City Sturgis State MI Zip Code 49091

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt: **09 / 30 / 2013**

**Transaction ID : PR8736007085**

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

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **475.00**

Date of Receipt: **09 / 30 / 2013**

**Transaction ID : PR9341897085**

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

P/R Deduction (\$50.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
	<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. William Crawford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Galleria Parkway, Suite 1200

City Atlanta	State GA	Zip Code 30339
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR9341917085**

Amount of Each Receipt this Period  

38.46
-------

P/R Deduction (\$38.46 Monthly)

**B. 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 ▼ **730.74**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR9341937085**

Amount of Each Receipt this Period  

76.92
-------

P/R Deduction (\$76.92 Monthly)

**C. 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 ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR9342097085**

Amount of Each Receipt this Period  

40.00
-------

P/R Deduction (\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>155.38</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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. Gary Coyle**  
Full Name (Last, First, Middle Initial)

Mailing Address 920 Pierremont Street

City Shreveport State LA Zip Code 71105

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

Name of Employer: Fresenius Medical Care NA  
Occupation: Director of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt: **09 / 30 / 2013**  
Transaction ID : **PR9369627085**

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

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 1355 Brampton Ave

City Statesboro State GA Zip Code 30458

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt: **09 / 30 / 2013**  
Transaction ID : **PR9369637085**

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

P/R Deduction (\$38.46 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 ▼ **219.26**

Date of Receipt: **09 / 30 / 2013**  
Transaction ID : **PR9369647085**

Amount of Each Receipt this Period: **23.08**

P/R Deduction (\$23.08 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**

**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 27 OF 41
	<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. Mary Jo Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address One Westbrook Corporate Ctr, Suite

City Westchester State IL Zip Code 60154

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : PR9369657085**

Amount of Each Receipt this Period **24.00**

P/R Deduction (\$24.00 Monthly)

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

Mailing Address 4646 N Greenview Ave #10

City Chicago State IL Zip Code 60640

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : PR9369667085**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ **365.37**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : PR9369727085**

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **92.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 41
	<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. Jeffrey Hymes**  
Full Name (Last, First, Middle Initial)

Mailing Address 750 Old Hickory Blvd, Suite 230

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Fresenius Medical Care NA Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : PR9369787085**

Amount of Each Receipt this Period  
200.00

P/R Deduction (\$200.00 Monthly)

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

Mailing Address 32 Hartwell Ave

City State Zip Code  
Lexington MA 02421

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

Name of Employer Occupation  
Fresenius Medical Care NA Sr Manager, Product Delivery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
303.07

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : PR9369807085**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 26 Wadsworth Road

City State Zip Code  
Ashland MA 01721

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

Name of Employer Occupation  
Fresenius Medical Care NA Director of Sales, TruBlue Logistics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
419.22

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : PR9369897085**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$60.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	298.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 41
	<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. Peter Sauer**

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1045.00**

Date of Receipt: **09 / 30 / 2013**

**Transaction ID : PR9369957085**

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

P/R Deduction (\$110.00 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **834.60**

Date of Receipt: **09 / 30 / 2013**

**Transaction ID : PR9370007085**

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

P/R Deduction (\$76.92 Monthly)

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

Mailing Address 3850 North Causeway Blvd, Suite 14

City Metairie State LA Zip Code 70068

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt: **09 / 30 / 2013**

**Transaction ID : PR9370017085**

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

P/R Deduction (\$38.46 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 41
	<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. Barbara Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5251 DTC Parkway, Suite 700  
City Greenwood Village State CO Zip Code 80111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **264.30**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : PR9370027085**  
Amount of Each Receipt this Period **38.46**  
P/R Deduction (\$38.46 Monthly)

**B. David Cariello**  
Full Name (Last, First, Middle Initial)  
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 **730.74**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : PR9419327085**  
Amount of Each Receipt this Period **76.92**  
P/R Deduction (\$76.92 Monthly)

**C. Andrew Holstein**  
Full Name (Last, First, Middle Initial)  
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 **332.50**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : PR9419337085**  
Amount of Each Receipt this Period **35.00**  
P/R Deduction (\$35.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **150.38**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 41
	<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 ▼ **760.00**

Date of Receipt: **09 / 30 / 2013**  
Transaction ID : **PR9419417085**

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 ▼ **475.00**

Date of Receipt: **09 / 30 / 2013**  
Transaction ID : **PR9430517085**

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 ▼ **285.00**

Date of Receipt: **09 / 30 / 2013**  
Transaction ID : **PR9430527085**

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 33 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 129 West Trade Street, Suite 1050

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR9430537085**

Amount of Each Receipt this Period  

60.00
-------

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 1534 N Hoskins Road

City Charlotte	State NC	Zip Code 28216
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR9430547085**

Amount of Each Receipt this Period  

38.46
-------

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 6100 Bandera Rd, Suite 600

City San Antonio	State TX	Zip Code 78236
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : PR9430707085**

Amount of Each Receipt this Period  

38.46
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P/R Deduction (\$38.46 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>136.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Constance Torrey-Romanus</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR9430747085</b>
Mailing Address 3300 N. Main Street		Amount of Each Receipt this Period 23.06
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.07	P/R Deduction (\$23.06 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Michael Tully</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR9430757085</b>
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 30.00
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation Mgr Corp Systems
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Richard Bove</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : PR9962047085</b>
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 32.00
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation Sr. Director, HR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	P/R Deduction (\$32.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 41
	<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. Michelle Wiest**  
Full Name (Last, First, Middle Initial)

Mailing Address One Westbrook Corporate Ctr, Suite

City Westchester State IL Zip Code 60047

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1461.48**

Date of Receipt **09 / 30 / 2013**

**Transaction ID : PR9986997085**

Amount of Each Receipt this Period **153.84**

P/R Deduction (\$153.84 Monthly)

**B. Carolyn Latham**  
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 Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.74**

Date of Receipt **09 / 30 / 2013**

**Transaction ID : PR9999397085**

Amount of Each Receipt this Period **76.92**

P/R Deduction (\$76.92 Monthly)

**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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>230.76</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>8127.16</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 2878

City Omaha State NE Zip Code 68103-2878

Purpose of Disbursement  
Credit Card Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7629489**

Amount of Each Disbursement this Period

Credit Card Fees

Full Name (Last, First, Middle Initial)

**B. Comerica Bank**

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

Purpose of Disbursement  
Bank Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7630116**

Amount of Each Disbursement this Period

Bank Service Charge

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Jim Gerlach for Congress Cmte**

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. James W. Gerlach**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2013

**Transaction ID : 7629640**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. KCP PAC**

Mailing Address 5746 Union Mill Road  
P.O. Box 160

City Clifton State VA Zip Code 20124

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**KCP PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2013

**Transaction ID : 7633402**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Joe Pitts**

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Joe Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2013

**Transaction ID : 7634277**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

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

9500.00

**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. Adrian Smith For Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Adrian Smith**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NE District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2013

**Transaction ID : 7660856**

Amount of Each Disbursement this Period

3000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Deb Fischer For US Senate Inc**

Mailing Address 5555 South St

City State Zip Code  
Lincoln NE 68506

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Deb Fischer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NE District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2013

**Transaction ID : 7660857**

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Todd Young**

Mailing Address PO Box 1053

City State Zip Code  
Bloomington IN 47402

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Todd Young**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2013

**Transaction ID : 7662898**

Amount of Each Disbursement this Period

1500.00

Direct Contribution

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

6500.00

**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. Democratic Senatorial Campaign Cmte**

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002-5610

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7665975**

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Cmte**

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7665977**

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Mailing Address 425 Secon Street, NE

City Washington State DC Zip Code 20002-4914

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7666126**

Amount of Each Disbursement this Period

Direct Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Committee**

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**National Republican Congressional Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2013

**Transaction ID : 7666228**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Gingrey For Senate Inc**

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Phil Gingrey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2013

**Transaction ID : 7667995**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

10000.00

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

46000.00