

**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="2015"/>		93762.04
(b) Cash on Hand at Beginning of Reporting Period.....	51737.26	
(c) Total Receipts (from Line 19)	28052.16	108047.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	79789.42	201809.07
7. Total Disbursements (from Line 31).....	5540.46	127560.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	74248.96	74248.96
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	25933.93	82192.94
(ii) Unitemized	1950.78	25334.46
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27884.71	107527.40
(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)	27884.71	107527.40
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	167.45	519.63
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))..... ▶	28052.16	108047.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28052.16	108047.03

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	540.46	1560.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	540.46	1560.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	126000.00
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)) ..	5540.46	127560.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5540.46	127560.11

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)	27884.71	107527.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27884.71	107527.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	540.46	1560.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	540.46	1560.11

**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 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Mark Caputo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2021 Faben Drive
 City Mercer Island State WA Zip Code 98040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : 9320925
 Amount of Each Receipt this Period
 5000.00

B. Chris Churchill
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Winter Street
 City Waltham State MA Zip Code 02451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2015
Transaction ID : 9324095
 Amount of Each Receipt this Period
 2500.00

C. 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 ▼ 2884.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR110048118390
 Amount of Each Receipt this Period
 384.62
 P/R Deduction (\$384.62 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	7884.62
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 34
	(check only one)
<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"/>	<input type="checkbox"/> 17

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

A. Tracey E Ramsey Abbott
Full Name (Last, First, Middle Initial)

Mailing Address 8620 Burnet Rd, Suite 400

City Austin	State TX	Zip Code 78757
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FEC ID number of contributing federal political committee. **C**

Name of Employer Fresenius Medical Care NA	Occupation RN COM
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR117492318390

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 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 ▼ **576.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR117492618390

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
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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 ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR117493018390

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
	<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. Julia Brennan
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 King Road
 City State Zip Code
 Rockleigh NJ 07647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fresenius Medical Care NA VP Business Relations Spectra Labs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR117493518390
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

B. Donald N Cantalupo
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Patterson Plank Rd, #313
 City State Zip Code
 Jersey City NJ 07307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fresenius Medical Care NA RSM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR117601818390
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

C. Nelson Coimbre
 Full Name (Last, First, Middle Initial)
 Mailing Address 2219 Hollywood Blvd, Suite 101
 City State Zip Code
 Hollywood FL 33020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fresenius Medical Care NA Senior Construction Estimator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 259.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR117601918390
 Amount of Each Receipt this Period
 34.62
 P/R Deduction (\$34.62 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	124.62
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 9 OF 34
<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. 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 ▼ **576.90**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR117602018390
Amount of Each Receipt this Period **76.92**
P/R Deduction (\$76.92 Monthly)

B. Robert D Crick
Full Name (Last, First, Middle Initial)
Mailing Address 3501 Moyers Circle, Suite 200
City Masonic Home State KY Zip Code 40041
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation RVP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **288.45**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR117602118390
Amount of Each Receipt this Period **38.46**
P/R Deduction (\$38.46 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 ▼ **375.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR117602318390
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **165.38**
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 10 OF 34
	<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 Ruma
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer: Fresenius Medical Care NA Occupation: VP Development Acquisitions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt: **07 / 31 / 2015**

Transaction ID : PR120637118390

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

P/R Deduction (\$60.00 Monthly)

B. Brian Silva
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer: Fresenius Medical Care NA Occupation: SVP, Human Resources & Admin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2884.65**

Date of Receipt: **07 / 31 / 2015**

Transaction ID : PR124957118390

Amount of Each Receipt this Period: **384.62**

P/R Deduction (\$384.62 Monthly)

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

Mailing Address 475 West 13th Street

City Ogden State UT Zip Code 84404

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

Name of Employer: Fresenius Medical Care NA Occupation: Principal Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **07 / 31 / 2015**

Transaction ID : PR127647318390

Amount of Each Receipt this Period: **40.00**

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **484.62**

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 11 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 1421 Champion Forest Ct

City Wheaton State IL Zip Code 60187

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

Name of Employer Fresenius Medical Care NA Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR127647418390

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 225 E. Germann Road #230

City Gilbert State AZ Zip Code 85297

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR127647918390

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 2901 Via Fortuna, Suite 600 Suite 600

City Austin State TX Zip Code 78746

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR131002818390

Amount of Each Receipt this Period **140.00**

P/R Deduction (\$140.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	208.46
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 34
<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. Christine Hilado Klopp		Date of Receipt MM / DD / YYYY 07 / 31 / 2015
Mailing Address 516 W. 5th Avenue		Transaction ID : PR131003318390
City Naperville	State IL	Zip Code 60563
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Fresenius Medical Care NA	Occupation Clinic Manager	P/R Deduction (\$300.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Douglas G. Kott		Date of Receipt MM / DD / YYYY 07 / 31 / 2015
Mailing Address 211 Claybook Rd.		Transaction ID : PR78835818390
City Dover	State MA	Zip Code 02030-2008
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 384.60	
Name of Employer Fresenius Medical Care NA	Occupation Director	P/R Deduction (\$384.60 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2884.50	

Full Name (Last, First, Middle Initial) C. Nicholas Brownlee		Date of Receipt MM / DD / YYYY 07 / 31 / 2015
Mailing Address 12 Deer Grass Ln		Transaction ID : PR78836518390
City Acton	State MA	Zip Code 01720-4755
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 384.60	
Name of Employer Fresenius Medical Care NA	Occupation President SRM	P/R Deduction (\$384.60 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2884.50	

SUBTOTAL of Receipts This Page (optional).....▶	1069.20
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR78837418390

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 ▼
576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR78837518390

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 ▼
576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR78837918390

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 14 OF 34
	<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. James Pearce

Mailing Address 5212 Blackhawk Dr

City Danville State CA Zip Code 94506-5863

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

Name of Employer Fresenius Medical Care NA Occupation RQM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR78838118390

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Ronald Kuerbitz

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 CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4993.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR78838818390

Amount of Each Receipt this Period
4993.70

P/R Deduction (\$4993.70 Monthly)

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

Mailing Address 5251 Dtc Pkwy Suite 500

City Greenwood Village State CO Zip Code 80111

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

Name of Employer Fresenius Medical Care NA Occupation Group Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR78839118390

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	5062.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Erma Hall
Full Name (Last, First, Middle Initial)
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 ▼
570.00

Date of Receipt
07 / 31 / 2015
Transaction ID : PR78839618390
Amount of Each Receipt this Period
76.00
P/R Deduction (\$76.00 Monthly)

B. Deborah Harvey
Full Name (Last, First, Middle Initial)
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 ▼
2250.00

Date of Receipt
07 / 31 / 2015
Transaction ID : PR78839718390
Amount of Each Receipt this Period
300.00
P/R Deduction (\$300.00 Monthly)

C. Donna McCarthy
Full Name (Last, First, Middle Initial)
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 ▼
1730.70

Date of Receipt
07 / 31 / 2015
Transaction ID : PR78839918390
Amount of Each Receipt this Period
230.76
P/R Deduction (\$230.76 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5809 Chatham Ln

City State Zip Code
The Colony TX 75056-7109

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

Name of Employer Occupation
Fresenius Medical Care NA VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1005.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR78840018390

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 ▼
1950.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR78840118390

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 ▼
576.90

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR78840518390

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 34
	<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 ▼
465.00

Date of Receipt
07 / 31 / 2015

Transaction ID : PR78840718390

Amount of Each Receipt this Period
62.00

P/R Deduction (\$62.00 Monthly)

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

Mailing Address 6 Williams Street

City Waltham State MA Zip Code 02453-4131

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

Name of Employer Fresenius Medical Care NA Occupation Director of Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
721.20

Date of Receipt
07 / 31 / 2015

Transaction ID : PR78849518390

Amount of Each Receipt this Period
96.16

P/R Deduction (\$96.16 Monthly)

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

Mailing Address 22370 N 64th Ave

City Glendale State AZ Zip Code 85310-4259

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

Name of Employer Fresenius Medical Care NA Occupation Area Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
07 / 31 / 2015

Transaction ID : PR78850018390

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	235.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 576.90

Date of Receipt
 07 / 31 / 2015
Transaction ID : PR78851518390
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$76.92 Monthly)

B. 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 ▼ 225.00

Date of Receipt
 07 / 31 / 2015
Transaction ID : PR78852418390
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Charles E Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 4640 Glen Coe Street
 City Leesburg State FL Zip Code 34748-2304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Clinical Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 07 / 31 / 2015
Transaction ID : PR78853618390
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	146.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 34
<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. Mark R Fawcett
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Franklin Street
 City Arlington State MA Zip Code 02474-3214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2015
Transaction ID : PR78855818390
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 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 ▼ 288.45

Date of Receipt 07 / 31 / 2015
Transaction ID : PR78857518390
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Monthly)

C. Jayme Patterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 West 13th Street
 City Ogden State UT Zip Code 84404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Director of Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR78859018390
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 116.92
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 20 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Judith Moran

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

City 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 ▼
288.45

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR78860018390

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

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 Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.65

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR78860818390

Amount of Each Receipt this Period
384.62

P/R Deduction (\$384.62 Monthly)

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

Mailing Address 920 Winter Street
Suite 230

City State Zip Code
Waltham MA 02451

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

Name of Employer Occupation
Fresenius Medical Care NA EVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1644.91

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR78860918390

Amount of Each Receipt this Period
1644.91

P/R Deduction (\$1644.91 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 2067.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 34
	<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. Robert Powell
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 CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR78862218390
Amount of Each Receipt this Period 5000.00
P/R Deduction (\$5000.00 Monthly)

B. Sandra Geraci
Full Name (Last, First, Middle Initial)
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 ▼ 600.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR78862918390
Amount of Each Receipt this Period 80.00
P/R Deduction (\$80.00 Monthly)

C. Michael Ramsey
Full Name (Last, First, Middle Initial)
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 ▼ 288.45

Date of Receipt 07 / 31 / 2015
Transaction ID : PR78863118390
Amount of Each Receipt this Period 38.46
P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 5118.46
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 34
	(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. 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 ▼ **288.45**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR79795918390

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 ▼ **288.45**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR79796518390

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 ▼ **202.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR79796718390

Amount of Each Receipt this Period

27.00

P/R Deduction (\$27.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 34
	<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. Terry L Ketchersid
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR79797618390

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR79798318390

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation VP Operations Integrity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR81310818390

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 34
<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. William Fink

Mailing Address 32 Hartwell Ave

City Lexington State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation VP, ITG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR83067518390

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 511 N Brookhurst Street, Suite 100 Suite 100

City Anaheim State CA Zip Code 92801

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

Name of Employer Fresenius Medical Care NA Occupation Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR87330318390

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 ▼ **450.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR87330418390

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **200.00**

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 25 OF 34
	(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. Nancy Diane Carter

Mailing Address 1607 Revella Arch

City State Zip Code
Chesapeake VA 23322

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

Name of Employer Occupation
Fresenius Medical Care NA Physician Contracting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
07 / 31 / 2015

Transaction ID : PR93418918390

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 100 Galleria Parkway, Suite 1200

City State Zip Code
Atlanta GA 30339

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 ▼
288.45

Date of Receipt
07 / 31 / 2015

Transaction ID : PR93419118390

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

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 Vice President, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 31 / 2015

Transaction ID : PR93420918390

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **128.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 34
	(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. James Easterbrook

Mailing Address 4646 N Greenview Ave #10

City Chicago	State IL	Zip Code 60640
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR93696618390

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 100 Galleria Drive, Suite 500

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR93697218390

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 750 Old Hickory Blvd, Suite 230

City Brentwood	State TN	Zip Code 37027
-------------------	-------------	-------------------

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

Name of Employer Fresenius Medical Care NA	Occupation Doctor
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR93697818390

Amount of Each Receipt this Period
200.00

P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	268.46
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 27 OF 34
	<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. Gordon Jee

Mailing Address 32 Hartwell Ave

City Lexington State MA Zip Code 02421

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR93698018390

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR93698918390

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 ▼ **825.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR93699518390

Amount of Each Receipt this Period **110.00**

P/R Deduction (\$110.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **198.46**

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 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 243.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR93700218390
 Amount of Each Receipt this Period 16.00
 P/R Deduction (\$16.00 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 ▼ 576.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR94193218390
 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 ▼ 262.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR94193318390
 Amount of Each Receipt this Period 35.00
 P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	127.92
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 29 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 82 Belcher Dr

City State Zip Code
Sudbury MA 01776

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt
07 / 31 / 2015

Transaction ID : PR94193618390

Amount of Each Receipt this Period
240.00

P/R Deduction (\$240.00 Monthly)

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

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

City State Zip Code
Irving TX 75039

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

Name of Employer Occupation
Fresenius Medical Care NA VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
07 / 31 / 2015

Transaction ID : PR94193718390

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
07 / 31 / 2015

Transaction ID : PR94194118390

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 34
<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. 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 ▼ **375.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR94305118390
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$50.00 Monthly)

B. 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 ▼ **225.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR94305218390
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$30.00 Monthly)

C. 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 ▼ **450.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR94305318390
Amount of Each Receipt this Period **60.00**
P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **140.00**
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 31 OF 34
	<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. 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 ▼ 288.45

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR94305418390
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Monthly)

B. Michael Tully
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Winter Street
 City Waltham State MA Zip Code 02451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Mgr Corp Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR94307518390
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 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
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	68.46
TOTAL This Period (last page this line number only).....▶	25933.93

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

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

FOR LINE NUMBER: PAGE 32 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
519.63

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2015

Transaction ID : 9374085

Amount of Each Receipt this Period
167.45

Reimbursement of Fees

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	167.45
TOTAL This Period (last page this line number only).....▶	167.45

**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. Global Payments

Mailing Address 10705 Red Run Blvd

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement
Bank Service Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 02 / 2015

Transaction ID : 9320926

Amount of Each Disbursement this Period

540.46

Bank Service Charge

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

540.46

540.46

**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. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : 9323397

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Kirk for Senate

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Mark Kirk

Category/
Type

Office Sought: House
 Senate
 President
State: IL District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : 9325816

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Benishek For Congress, Inc.

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Dan Benishek

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : 9340895

Amount of Each Disbursement this Period

2500.00

Direct Contribution

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

5000.00

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

5000.00