

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Fresenius Medical Care North America PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		46781.11
(b) Cash on Hand at Beginning of Reporting Period.....	52140.11	
(c) Total Receipts (from Line 19)	12010.25	35021.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	64150.36	81802.86
7. Total Disbursements (from Line 31).....	12040.25	29692.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	52110.11	52110.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Fresenius Medical Care North America PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8679.20	20852.42
(ii) Unitemized	3292.30	13973.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11971.50	34825.50
(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)	11971.50	34825.50
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.).....	38.75	196.25
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))..... ▶	12010.25	35021.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12010.25	35021.75

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	40.25	192.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	40.25	192.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	27500.00
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)) ..	12040.25	29692.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12040.25	29692.75

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)	11971.50	34825.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11971.50	34825.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	40.25	192.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	40.25	192.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Eric Bishop
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 Pres, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 7269450

Amount of Each Receipt this Period
 3000.00

B. 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 ▼
961.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR11004815724

Amount of Each Receipt this Period
 384.62

P/R Deduction (\$384.62 Monthly)

C. 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 ▼
1153.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR7883585724

Amount of Each Receipt this Period
 384.62

P/R Deduction (\$384.62 Monthly)

SUBTOTAL of Receipts This Page (optional).....	3769.24
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 7 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Nicholas Brownlee
Full Name (Last, First, Middle Initial)
Mailing Address 12 Deer Grass Ln
City Acton State MA Zip Code 01720-4755
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation President SRM
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1153.86**

Date of Receipt **03 / 31 / 2013**
Transaction ID : PR788365724
Amount of Each Receipt this Period **384.62**
P/R Deduction (\$384.62 Monthly)

B. 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 **990.00**

Date of Receipt **03 / 31 / 2013**
Transaction ID : PR7883705724
Amount of Each Receipt this Period **330.00**
P/R Deduction (\$330.00 Monthly)

C. Robert P. Loeper
Full Name (Last, First, Middle Initial)
Mailing Address 10431 Oakbrook Dr
City Tampa State FL Zip Code 33618-5352
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **230.76**

Date of Receipt **03 / 31 / 2013**
Transaction ID : PR7883755724
Amount of Each Receipt this Period **76.92**
P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **791.54**
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 8 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2 Walter Circle

City Westford State MA Zip Code 01886-4533

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR7883775724

Amount of Each Receipt this Period
230.76

P/R Deduction (\$230.76 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR7883785724

Amount of Each Receipt this Period
230.76

P/R Deduction (\$230.76 Monthly)

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

Mailing Address 41 Medici St.

City San Juan State PR Zip Code 00926

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR7883875724

Amount of Each Receipt this Period
153.84

P/R Deduction (\$153.84 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<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. 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 ▼ **600.00**

Date of Receipt: **03 / 31 / 2013**
Transaction ID : **PR7883935724**

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 ▼ **1153.86**

Date of Receipt: **03 / 31 / 2013**
Transaction ID : **PR7883945724**

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 ▼ **461.52**

Date of Receipt: **03 / 31 / 2013**
Transaction ID : **PR7883955724**

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:	PAGE 10 OF 19
	(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 ▼
228.00

Date of Receipt
03 / 31 / 2013
Transaction ID : PR7883965724
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 ▼
900.00

Date of Receipt
03 / 31 / 2013
Transaction ID : PR7883975724
Amount of Each Receipt this Period
300.00
P/R Deduction (\$300.00 Monthly)

C. Liam Walsh
Full Name (Last, First, Middle Initial)
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 ▼
402.00

Date of Receipt
03 / 31 / 2013
Transaction ID : PR7884005724
Amount of Each Receipt this Period
134.00
P/R Deduction (\$134.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	510.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<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. Kim Sonnen
Full Name (Last, First, Middle Initial)
Mailing Address 240 S Madison St
City Denver State CO Zip Code 80209-3010
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation SVP Marketing & Managed Care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **780.00**

Date of Receipt **03 / 31 / 2013**
Transaction ID : PR7884015724
Amount of Each Receipt this Period **260.00**
P/R Deduction (\$260.00 Monthly)

B. Paul Zabetakis
Full Name (Last, First, Middle Initial)
Mailing Address 920 Winter Street Suite 303
City Waltham State MA Zip Code 02451
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation President, RRI
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **230.76**

Date of Receipt **03 / 31 / 2013**
Transaction ID : PR7884055724
Amount of Each Receipt this Period **76.92**
P/R Deduction (\$76.92 Monthly)

C. Steven P Covino
Full Name (Last, First, Middle Initial)
Mailing Address 6 Williams Street
City Waltham State MA Zip Code 02453-4131
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Director of Benefits
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **576.96**

Date of Receipt **03 / 31 / 2013**
Transaction ID : PR7884955724
Amount of Each Receipt this Period **192.32**
P/R Deduction (\$192.32 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **529.24**
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 12 OF 19
	<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. Carol A Ernst		Date of Receipt 03 / 31 / 2013 Transaction ID : PR7885005724
Mailing Address 22370 N 64th Ave		Amount of Each Receipt this Period 76.92
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial) B. Matthew D Kinser		Date of Receipt 03 / 31 / 2013 Transaction ID : PR7885155724
Mailing Address 750 Old Hickory Blvd Suite 230 Suite 230		Amount of Each Receipt this Period 76.92
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial) C. Balaji Gandhi		Date of Receipt 03 / 31 / 2013 Transaction ID : PR7885815724
Mailing Address 920 Winter St		Amount of Each Receipt this Period 100.00
City Waltham	State MA	Zip Code 02451-1521
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation VP Gov't & External Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	253.84
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:	PAGE 13 OF 19
	(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. Sandra Geraci

Mailing Address 262 Berenger Walk

City State Zip Code
West Palm Beach FL 33414

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

Name of Employer Occupation
Fresenius Medical Care NA Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013
Transaction ID : PR7886295724

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

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

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 ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013
Transaction ID : PR7979765724

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

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 Operations Integrity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.76

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013
Transaction ID : PR8131085724

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	256.92
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 19
	<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. William Fink
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Hartwell Ave
 City Lexington State MA Zip Code 02451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation VP, ITG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR8306755724
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 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 ▼ 230.76

Date of Receipt 03 / 31 / 2013
Transaction ID : PR9341935724
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$76.92 Monthly)

C. Jeffrey Hymes
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 Old Hickory Blvd, Suite 230
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2013
Transaction ID : PR9369785724
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	376.92
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 15 OF 19
	<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. 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 ▼ **330.00**

Date of Receipt: **03 / 31 / 2013**

Transaction ID : PR9369955724

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 ▼ **300.00**

Date of Receipt: **03 / 31 / 2013**

Transaction ID : PR9370005724

Amount of Each Receipt this Period: **100.00**

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 2219 Hollywood Blvd, Suite 101

City Hallandale State FL Zip Code 33009

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt: **03 / 31 / 2013**

Transaction ID : PR9419325724

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

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **286.92**

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 16 OF 19
	<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. 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 ▼
720.00

Date of Receipt
03 / 31 / 2013
Transaction ID : PR9419365724

Amount of Each Receipt this Period
240.00

P/R Deduction (\$240.00 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼
240.00

Date of Receipt
03 / 31 / 2013
Transaction ID : PR9419415724

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

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

Mailing Address One Westbrook Corporate Ctr, Suite

City State Zip Code
Westchester IL 60047

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.52

Date of Receipt
03 / 31 / 2013
Transaction ID : PR9986995724

Amount of Each Receipt this Period
153.84

P/R Deduction (\$153.84 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	473.84
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: PAGE 17 OF 19
(check only one)

<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. 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 ▼ 230.76

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2013
Transaction ID : PR9999395724
Amount of Each Receipt this Period 76.92
P/R Deduction (\$76.92 Monthly)

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).....▶	76.92
TOTAL This Period (last page this line number only).....▶	8679.20

**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. Freedom Fund

Mailing Address 701 8th Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Freedom Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 7245990

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Brady for Congress

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Kevin Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2013

Transaction ID : 7255703

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. People for Ben

Mailing Address P.O. Box 31129

City Santa Fe State NM Zip Code 87594-1129

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Ben Lujan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : 7267720

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

7000.00

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. The Markey Committee

Mailing Address PO Box 526

City Medford State MA Zip Code 02155

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Mr. Edward Markey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Special-Primary2013

State: MA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 28 / 2013

Transaction ID : 7307224

Amount of Each Disbursement this Period

5000.00

Direct Contribution

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)..... ▶

5000.00

12000.00