

**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="2014"/>	<input type="text" value="50251.20"/>	<input type="text" value="50251.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="71724.41"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21455.64"/>	<input type="text" value="78413.56"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="93180.05"/>	<input type="text" value="128664.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12127.47"/>	<input type="text" value="47612.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="81052.58"/>	<input type="text" value="81052.58"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	18821.40	56275.53
(ii) Unitemized	2634.24	22138.03
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21455.64	78413.56
(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)	21455.64	78413.56
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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	21455.64	78413.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21455.64	78413.56

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	127.47	631.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	127.47	631.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	46500.00
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	480.76
(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	480.76
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)) ..	12127.47	47612.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12127.47	47612.18

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)	21455.64	78413.56
34. Total Contribution Refunds (from Line 28(d))	0.00	480.76
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21455.64	77932.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	127.47	631.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	127.47	631.42

**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 34
(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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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

Full Name (Last, First, Middle Initial)
A. William Numbers

Mailing Address 456 Fiske Street

City Holliston	State MA	Zip Code 01746
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FEC ID number of contributing federal political committee. **C**

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

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
05	/	13	/	2014

Transaction ID : 8441228

Amount of Each Receipt this Period
3000.00

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

Mailing Address 920 Winter Street

City Waltham	State MA	Zip Code 02451
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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

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

Transaction ID : 8441231

Amount of Each Receipt this Period
5000.00

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

Mailing Address 1650 E. Greenville St, Suite H
Suite 10 C

City Anderson	State SC	Zip Code 29621
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FEC ID number of contributing federal political committee. **C**

Name of Employer Fresenius Medical Care NA	Occupation Director, Home Therapies
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2014

Transaction ID : 8441232

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	8200.00
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 7 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. Chris Churchill		Date of Receipt
Mailing Address 920 Winter Street		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Waltham	MA	02451
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 8446365
Name of Employer	Occupation	Amount of Each Receipt this Period
Fresenius Medical Care NA	SVP	<input type="text" value="3000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3000.00"/>	

Full Name (Last, First, Middle Initial) B. Rose Wynn		Date of Receipt
Mailing Address 1031 S Madison		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tupelo	MS	38801
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 8451525
Name of Employer	Occupation	Amount of Each Receipt this Period
Fresenius Medical Care NA	Director Home Therapies	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Lisa Dombro		Date of Receipt
Mailing Address 927 Prairie Avenue		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Park Ridge	IL	60068
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR11004811131
Name of Employer	Occupation	Amount of Each Receipt this Period
Fresenius Medical Care NA	Senior Vice President	<input type="text" value="384.62"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$384.62 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2115.41"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3634.62"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 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. 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 ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR117492311131

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 ▼ **423.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR117492611131

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 ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR117493011131

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 9 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. 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 ▼
220.00

Date of Receipt
05 / 31 / 2014
Transaction ID : PR117493511131

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 ▼
275.00

Date of Receipt
05 / 31 / 2014
Transaction ID : PR117601811131

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 516 Goldenwest

City State Zip Code
Huntington Beach CA 92648

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt
05 / 31 / 2014
Transaction ID : PR117602011131

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 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 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. Robert D Crick
 Full Name (Last, First, Middle Initial)
 Mailing Address 3501 Moyers Circle, Suite 200
 City State Zip Code
 Masonic Home KY 40041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fresenius Medical Care NA RVP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR11760211131
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$38.46 Monthly)

B. Joseph H Johnston
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Winter Street
 City State Zip Code
 Waltham MA 02451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fresenius Medical Care NA Sr VP of Biomedical Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR11760231131
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

C. Joseph Ruma
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Winter Street
 City State Zip Code
 Waltham MA 02451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fresenius Medical Care NA VP Development Acquisitions
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR12063711131
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	148.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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

A. 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 ▼ 1730.79

Date of Receipt 05 / 31 / 2014
Transaction ID : PR124957111131
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$384.62 Monthly)

B. 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 ▼ 2115.31

Date of Receipt 05 / 31 / 2014
Transaction ID : PR78835811131
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$384.60 Monthly)

C. 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 ▼ 2115.31

Date of Receipt 05 / 31 / 2014
Transaction ID : PR78836511131
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$384.60 Monthly)

SUBTOTAL of Receipts This Page (optional).....	1153.82
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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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 ▼ **423.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR78837511131

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

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

Mailing Address 129 West Trade Street, Suite 1050

City Charlotte State NC Zip Code 28202

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

Name of Employer Fresenius Medical Care NA Occupation Group Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR78837911131

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

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

Mailing Address 231 Celebration Blvd

City Celebration State FL Zip Code 34747

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

Name of Employer Fresenius Medical Care NA Occupation VP & Associate Medical Director Device

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR78838211131

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	192.30
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"/> 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. 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 ▼ **211.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR78839111131

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 3850 N Causeway

City Metairie State LA Zip Code 70002-4719

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

Name of Employer Fresenius Medical Care NA Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR78839611131

Amount of Each Receipt this Period
76.00

P/R Deduction (\$76.00 Monthly)

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

Mailing Address 1602 Hampton Oaks Bnd

City Marietta State GA Zip Code 30066-4451

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 ▼ **1650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR78839711131

Amount of Each Receipt this Period
300.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **414.46**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 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

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

Mailing Address 5251 DTC Parkway, Suite 500

City State Zip Code
Greenwood Village CO 80111

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

Name of Employer Occupation
Fresenius Medical Care NA Division President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1269.18**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR78839911131

Amount of Each Receipt this Period
230.76

P/R Deduction (\$230.76 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼ **737.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR78840011131

Amount of Each Receipt this Period
134.00

P/R Deduction (\$134.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 ▼ **1430.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR78840111131

Amount of Each Receipt this Period
260.00

P/R Deduction (\$260.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **624.76**

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 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

Full Name (Last, First, Middle Initial) A. Paul Zabetakis		Date of Receipt MM / DD / YYYY 05 / 31 / 2014 Transaction ID : PR78840511131
Mailing Address 920 Winter Street Suite 303		Amount of Each Receipt this Period 76.92
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation President, RRI
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial) B. Stephanie Curd		Date of Receipt MM / DD / YYYY 05 / 31 / 2014 Transaction ID : PR78840611131
Mailing Address 1650 E. Greenville St, Suite H Suite 10 C		Amount of Each Receipt this Period 10.00
City Anderson	State SC	Zip Code 29621
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation Director, Home Therapies
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$10.00 Monthly)

Full Name (Last, First, Middle Initial) C. Anthony Hayes		Date of Receipt MM / DD / YYYY 05 / 31 / 2014 Transaction ID : PR78840711131
Mailing Address 100 Galleria Parkway, SE Suite 500 Suite 500 - 5th Floor		Amount of Each Receipt this Period 62.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.00	P/R Deduction (\$62.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	148.92
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 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. 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 ▼ 625.04

Date of Receipt 05 / 31 / 2014
Transaction ID : PR78849511131
Amount of Each Receipt this Period 96.16
P/R Deduction (\$96.16 Monthly)

B. Carol A Ernst
Full Name (Last, First, Middle Initial)
Mailing Address 22370 N 64th Ave
City Glendale State AZ Zip Code 85310-4259
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Area Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2014
Transaction ID : PR78850011131
Amount of Each Receipt this Period 76.92
P/R Deduction (\$76.92 Monthly)

C. 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 ▼ 423.06

Date of Receipt 05 / 31 / 2014
Transaction ID : PR78851511131
Amount of Each Receipt this Period 76.92
P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 250.00
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 17 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. Lawrence Park

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 Risk Management
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
707.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR78852511131

Amount of Each Receipt this Period
707.16

P/R Deduction (\$707.16 Monthly)

Full Name (Last, First, Middle Initial)
B. Charles E Brown

Mailing Address 4640 Glen Coe Street

City Leesburg	State FL	Zip Code 34748-2304
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR78853611131

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 100 Franklin Street

City Arlington	State MA	Zip Code 02474-3214
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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 ▼
211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR78855811131

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	785.62
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 18 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. Kimberly Grelle-Swint

Mailing Address 6100 Bandera Rd Suite 600
Suite 600

City San Antonio State TX Zip Code 78238-1667

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

Name of Employer Fresenius Medical Care NA Occupation Regional Director of Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
05 / 31 / 2014
Transaction ID : PR78856511131

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

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

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 ▼
211.53

Date of Receipt
05 / 31 / 2014
Transaction ID : PR78857511131

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

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 ▼
220.00

Date of Receipt
05 / 31 / 2014
Transaction ID : PR78859011131

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 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. Judith Moran
Full Name (Last, First, Middle Initial)

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

City South Plainfield State NJ Zip Code 07080-1473

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

Name of Employer Fresenius Medical Care NA Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.53

Date of Receipt
05 / 31 / 2014
Transaction ID : PR78860011131

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2115.41

Date of Receipt
05 / 31 / 2014
Transaction ID : PR78860811131

Amount of Each Receipt this Period
384.62

P/R Deduction (\$384.62 Monthly)

C. 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 ▼
440.00

Date of Receipt
05 / 31 / 2014
Transaction ID : PR78862911131

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 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. Michael Ramsey

Mailing Address 4 Cubs Path

City Hopkinton State MA Zip Code 01748

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR78863111131

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 6100 Dutchmans Lane, 8th Floor

City Louisville State KY Zip Code 40205

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR79795911131

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

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 ▼ **211.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR79796511131

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	115.38
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 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. Thomas C Graham
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 ▼ **275.00**

Date of Receipt: **05 / 31 / 2014**
Transaction ID : **PR79796811131**

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

P/R Deduction (\$50.00 Monthly)

B. 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 ▼ **550.00**

Date of Receipt: **05 / 31 / 2014**
Transaction ID : **PR79797611131**

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

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer: Fresenius Medical Care NA Occupation: Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt: **05 / 31 / 2014**
Transaction ID : **PR79798311131**

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

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	188.46
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. Catherine Dubinsky

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
Fresenius Medical Care NA VP Operations Integrity

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
05 / 31 / 2014

Transaction ID : PR81310811131

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 Occupation
Fresenius Medical Care NA VP, ITG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
05 / 31 / 2014

Transaction ID : PR83067511131

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

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
Fresenius Medical Care NA VP, Renal Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt
05 / 31 / 2014

Transaction ID : PR84093611131

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 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 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. Edda Spinelli
Full Name (Last, First, Middle Initial)

Mailing Address 511 N Brookhurst Street, Suite 100
Suite 100

City Anaheim State CA Zip Code 92801

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

Name of Employer Fresenius Medical Care NA Occupation Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
05 / 31 / 2014
Transaction ID : PR87330311131

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

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

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 ▼
330.00

Date of Receipt
05 / 31 / 2014
Transaction ID : PR87330411131

Amount of Each Receipt this Period
60.00

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 1276 Kitson Street

City Sturgis State MI Zip Code 49091

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

Name of Employer Fresenius Medical Care NA Occupation Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.53

Date of Receipt
05 / 31 / 2014
Transaction ID : PR87360011131

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 138.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 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. Nancy Diane Carter

Mailing Address 1607 Revella Arch

City Chesapeake	State VA	Zip Code 23322
--------------------	-------------	-------------------

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

Name of Employer Fresenius Medical Care NA	Occupation Physician Contracting
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR93418911131

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR93419111131

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

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

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 ▼ **369.24**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR93419311131

Amount of Each Receipt this Period

23.10

P/R Deduction (\$23.10 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	111.56
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. Steve Shaw		Date of Receipt MM / DD / YYYY 05 / 31 / 2014 Transaction ID : PR93420911131
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 40.00
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation Vice President, HR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial) B. Gary Coyle		Date of Receipt MM / DD / YYYY 05 / 31 / 2014 Transaction ID : PR93696211131
Mailing Address 920 Pierremont Street		Amount of Each Receipt this Period 38.46
City Shreveport	State LA	Zip Code 71105
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation Director of Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial) C. David Gillon		Date of Receipt MM / DD / YYYY 05 / 31 / 2014 Transaction ID : PR93697211131
Mailing Address 100 Galleria Drive, Suite 500		Amount of Each Receipt this Period 38.46
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	P/R Deduction (\$38.46 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 26 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. 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR93697811131
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$200.00 Monthly)

B. Gordon Jee
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Hartwell Ave
 City 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 ▼ 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR93698011131
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Monthly)

C. William Pery
 Full Name (Last, First, Middle Initial)
 Mailing Address 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 ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR93698911131
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	298.46
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. 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 ▼ **605.00**

Date of Receipt: **05 / 31 / 2014**

Transaction ID : PR93699511131

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 ▼ **423.06**

Date of Receipt: **05 / 31 / 2014**

Transaction ID : PR93700011131

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

P/R Deduction (\$76.92 Monthly)

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

Mailing Address 3850 North Causeway Blvd, Suite 14

City Metairie State LA Zip Code 70068

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt: **05 / 31 / 2014**

Transaction ID : PR93700111131

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

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **225.38**

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:	PAGE 28 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. 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 ▼
211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR93700211131

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

B. David Cariello
Full Name (Last, First, Middle Initial)
Mailing Address 2219 Hollywood Blvd, Suite 101

City Hallandale	State FL	Zip Code 33009
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR94193211131

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

C. Patrick McCarthy
Full Name (Last, First, Middle Initial)
Mailing Address 82 Belcher Dr

City Sudbury	State MA	Zip Code 01776
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR94193611131

Amount of Each Receipt this Period
240.00

P/R Deduction (\$240.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	355.38
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:	PAGE 29 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. Jayanta Ray
Full Name (Last, First, Middle Initial)
Mailing Address 5215 N. O'Connor Blvd, Suite 1100

City Irving	State TX	Zip Code 75039
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR94193711131

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B. Joseph Winslow
Full Name (Last, First, Middle Initial)
Mailing Address 920 Winter Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR94194111131

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

C. 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 ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR94305111131

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 129 West Trade Street, Suite 1050

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR94305311131

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 1534 N Hoskins Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR94305411131

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 6100 Bandera Rd, Suite 600

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : PR94307011131

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional).....	136.92
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 31 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

Full Name (Last, First, Middle Initial)
A. 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 ▼
 846.12

Date of Receipt
 05 / 31 / 2014
Transaction ID : PR99869911131

Amount of Each Receipt this Period
 153.84

P/R Deduction (\$153.84 Monthly)

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

Mailing Address 750 Old Hickory Blvd, Suite 230

City State Zip Code
 Brentwood TN 37027

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

Name of Employer Occupation
 Fresenius Medical Care NA Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 423.06

Date of Receipt
 05 / 31 / 2014
Transaction ID : PR99993911131

Amount of Each Receipt this Period
 76.92

P/R Deduction (\$76.92 Monthly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	230.76
TOTAL This Period (last page this line number only).....▶	18821.40

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. Comerica Bank

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

Purpose of Disbursement
Bank Service Charge

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2014

Transaction ID : 8441233

Amount of Each Disbursement this Period

127.47

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D 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)..... ▶

127.47

127.47

**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. Boehner for Speaker

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Joint Fundraiser

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 8411663

Amount of Each Disbursement this Period

Joint Fundraiser

Full Name (Last, First, Middle Initial)

B. People For Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement
Direct Contribution

Candidate Name

Rep. Ben Ray Lujan Jr.

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

Disbursement For: 2014 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 8411666

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Freedom Fund

Mailing Address 701 8th Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Direct Contribution

Candidate Name

Freedom Fund

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 8430969

Amount of Each Disbursement this Period

Direct Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ryan For Congress, Inc.

Mailing Address PO Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Paul D. Ryan

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : 8443865

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Markey Committee; The

Mailing Address PO Box 526

City State Zip Code
Medford MA 02155

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Edward Markey

Category/
Type

Office Sought: House
 Senate
 President
State: MA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : 8451596

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Markey Committee; The

Mailing Address PO Box 526

City State Zip Code
Medford MA 02155

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Edward Markey

Category/
Type

Office Sought: House
 Senate
 President
State: MA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : 8451597

Amount of Each Disbursement this Period

2500.00

Direct Contribution

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

8500.00

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

12000.00