

**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"/>		50251.20
(b) Cash on Hand at Beginning of Reporting Period.....	74442.92	
(c) Total Receipts (from Line 19)	10048.78	100675.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	84491.70	150926.72
7. Total Disbursements (from Line 31).....	8118.45	74553.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	76373.25	76373.25
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).....	7365.94	73379.87
(ii) Unitemized	2239.91	26852.72
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9605.85	100232.59
(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)	9605.85	100232.59
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.).....	442.93	442.93
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))..... ▶	10048.78	100675.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10048.78	100675.52

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	118.45	1072.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	118.45	1072.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	73000.00
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)) ..	8118.45	74553.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8118.45	74553.47

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)	9605.85	100232.59
34. Total Contribution Refunds (from Line 28(d))	0.00	480.76
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9605.85	99751.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	118.45	1072.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	118.45	1072.71

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 35
	<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	

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. Andrew Hazel
Full Name (Last, First, Middle Initial)

Mailing Address 32 Hartwell Avenue

City Lexington State MA Zip Code 02421

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

Name of Employer Fresenius Medical Care North America Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2014
Transaction ID : 8594335

Amount of Each Receipt this Period 500.00

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 ▼ 2884.65

Date of Receipt 07 / 31 / 2014
Transaction ID : PR110048112481

Amount of Each Receipt this Period 384.62

P/R Deduction (\$384.62 Monthly)

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

Mailing Address 8620 Burnet Rd, Suite 400

City Austin State TX Zip Code 78757

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

Name of Employer Fresenius Medical Care NA Occupation RN COM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2014
Transaction ID : PR117492312481

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 924.62

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
	<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. Stephanie DeFranco
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 Sycamore Drive
 City Milpitas State CA Zip Code 95035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Director, New Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014
Transaction ID : PR117492612481
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$76.92 Monthly)

B. Kathleen Kawa
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 Glacier Avenue
 City Westwood State MA Zip Code 02090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Regional Director of Education
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 31 / 2014
Transaction ID : PR117493012481
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. Julia Brennan
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 King Road
 City Rockleigh State NJ Zip Code 07647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation VP Business Relations Spectra Labs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2014
Transaction ID : PR117493512481
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<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. Donald N Cantalupo

Mailing Address 100 Patterson Plank Rd, #313

City Jersey City State NJ Zip Code 07307

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

Name of Employer Fresenius Medical Care NA Occupation RSM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : PR117601812481

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 2219 Hollywood Blvd, Suite 101

City Hollywood State FL Zip Code 33020

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

Name of Employer Fresenius Medical Care NA Occupation Senior Construction Estimator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : PR117601912481

Amount of Each Receipt this Period
34.62

P/R Deduction (\$34.62 Monthly)

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

Mailing Address 516 Goldenwest

City Huntington Beach State CA Zip Code 92648

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : PR117602012481

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **161.54**

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 9 OF 35
	<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 ▼ **288.45**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR117602112481

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 ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR117602312481

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 ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR120637112481

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 10 OF 35
	<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 ▼ 2500.03

Date of Receipt 07 / 31 / 2014
Transaction ID : PR124957112481
 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 ▼ 2884.51

Date of Receipt 07 / 31 / 2014
Transaction ID : PR78835812481
 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 ▼ 2884.51

Date of Receipt 07 / 31 / 2014
Transaction ID : PR78836512481
 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: PAGE 11 OF 35
(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. Wendy Schrag

Mailing Address 625 Medical Center Dr

City State Zip Code
 Newton KS 67114-8780

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR78837412481

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 10431 Oakbrook Dr

City State Zip Code
 Tampa FL 33618-5352

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

Name of Employer Occupation
 Fresenius Medical Care NA Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR78837512481

Amount of Each Receipt this Period
 76.92

P/R Deduction (\$76.92 Monthly)

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

Mailing Address 129 West Trade Street, Suite 1050

City State Zip Code
 Charlotte NC 28202

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

Name of Employer Occupation
 Fresenius Medical Care NA Group Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR78837912481

Amount of Each Receipt this Period
 76.92

P/R Deduction (\$76.92 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
<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. Monica Cobb		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : PR78839112481
Mailing Address 5251 Dtc Pkwy Suite 500		Amount of Each Receipt this Period 38.46
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	
		P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial) B. Erma Hall		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : PR78839612481
Mailing Address 3850 N Causeway		Amount of Each Receipt this Period 76.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
		P/R Deduction (\$76.00 Monthly)

Full Name (Last, First, Middle Initial) C. Deborah Harvey		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : PR78839712481
Mailing Address 1602 Hampton Oaks Bnd		Amount of Each Receipt this Period 300.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
		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: (check only one)	PAGE 13 OF 35
	<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. Donna McCarthy
Full Name (Last, First, Middle Initial)
Mailing Address 5251 DTC Parkway, 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 Division President
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR78839912481

Amount of Each Receipt this Period
230.76

P/R Deduction (\$230.76 Monthly)

B. Liam Walsh
Full Name (Last, First, Middle Initial)
Mailing Address 5809 Chatham Ln

City The Colony	State TX	Zip Code 75056-7109
--------------------	-------------	------------------------

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 ▼
1005.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR78840012481

Amount of Each Receipt this Period
134.00

P/R Deduction (\$134.00 Monthly)

C. 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 ▼
1950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR78840112481

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: (check only one)	PAGE 14 OF 35
	<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. Paul Zabetakis
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Winter Street
 Suite 303
 City Waltham State MA Zip Code 02451
 Name of Employer Fresenius Medical Care NA Occupation President, RRI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014
Transaction ID : PR78840512481
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$76.92 Monthly)

B. Stephanie Curd
 Full Name (Last, First, Middle Initial)
 Mailing Address 1650 E. Greenville St, Suite H
 Suite 10 C
 City Anderson State SC Zip Code 29621
 Name of Employer Fresenius Medical Care NA Occupation Director, Home Therapies
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 31 / 2014
Transaction ID : PR78840612481
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Monthly)

C. Anthony Hayes
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Galleria Parkway, SE Suite 500
 Suite 500 - 5th Floor
 City Atlanta State GA Zip Code 30339-7004
 Name of Employer Fresenius Medical Care NA Occupation Group Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 07 / 31 / 2014
Transaction ID : PR78840712481
 Amount of Each Receipt this Period 62.00
 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:	PAGE 15 OF 35
	(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. Steven P Covino

Mailing Address 6 Williams Street

City Waltham State MA Zip Code 02453-4131

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

Name of Employer Fresenius Medical Care NA Occupation Director of Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **817.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : PR78849512481

Amount of Each Receipt this Period
96.16

P/R Deduction (\$96.16 Monthly)

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

Mailing Address 22370 N 64th Ave

City Glendale State AZ Zip Code 85310-4259

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

Name of Employer Fresenius Medical Care NA Occupation Area Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : PR78850012481

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)
C. Matthew D Kinser

Mailing Address 750 Old Hickory Blvd Suite 230
Suite 230

City Brentwood State TN Zip Code 37027-4528

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

Name of Employer Fresenius Medical Care NA Occupation VP Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : PR78851512481

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: (check only one)	PAGE 16 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 105 W 7th Avenue Suite 1000
Suite 1000

City Corsicana State TX Zip Code 75110-6449

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

Name of Employer Fresenius Medical Care NA Occupation Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR78852412481

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR78853612481

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

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

Name of Employer Fresenius Medical Care NA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR78855812481

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	108.46
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 17 OF 35
	<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 ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2014
Transaction ID : PR78856512481

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 ▼
288.45

Date of Receipt
MM / DD / YYYY
07 / 31 / 2014
Transaction ID : PR78857512481

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2014
Transaction ID : PR78859012481

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 18 OF 35
	<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. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR78860012481
 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 ▼ 2884.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR78860812481
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : PR78862912481
 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 19 OF 35
	<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. Michael Ramsey

Mailing Address 4 Cubs Path

City State Zip Code
Hopkinton MA 01748

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 ▼
288.45

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : PR78863112481

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 State Zip Code
Louisville KY 40205

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : PR79795912481

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 State Zip Code
Waltham MA 02451

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

Name of Employer Occupation
Fresenius Medical Care NA Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : PR79796512481

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:	PAGE 20 OF 35
	(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. Michelle Gazella			Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : PR79796712481
Mailing Address 920 Winter Street			Amount of Each Receipt this Period 27.00
City Waltham	State MA	Zip Code 02451	P/R Deduction (\$27.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Fresenius Medical Care NA	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.50	

Full Name (Last, First, Middle Initial) B. Thomas C Graham			Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : PR79796812481
Mailing Address 920 Winter Street			Amount of Each Receipt this Period 50.00
City Waltham	State MA	Zip Code 02451	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Fresenius Medical Care NA	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Terry L Ketchersid			Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : PR79797612481
Mailing Address 920 Winter Street			Amount of Each Receipt this Period 100.00
City Waltham	State MA	Zip Code 02451	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Fresenius Medical Care NA	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	177.00
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 21 OF 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Manikandan Pandi
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Winter Street
 City Waltham State MA Zip Code 02451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2014
Transaction ID : PR79798312481
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Monthly)

B. Catherine Dubinsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Winter Street
 City Waltham State MA Zip Code 02451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation VP Operations Integrity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014
Transaction ID : PR81310812481
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$76.92 Monthly)

C. 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 ▼ 750.00

Date of Receipt 07 / 31 / 2014
Transaction ID : PR83067512481
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 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 22 OF 35
	<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. 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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : PR87330312481

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 ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : PR87330412481

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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : PR87360012481

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 23 OF 35
<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. Nancy Diane Carter

Mailing Address 1607 Revella Arch

City Chesapeake	State VA	Zip Code 23322
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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 ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR93418912481

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 ▼ **288.45**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR93419112481

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 ▼ **415.44**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR93419312481

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: (check only one)	PAGE 24 OF 35
	<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. Steve Shaw
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **07 / 31 / 2014**
Transaction ID : **PR93420912481**

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

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 920 Pierremont Street

City Shreveport State LA Zip Code 71105

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt: **07 / 31 / 2014**
Transaction ID : **PR93696212481**

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

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 4646 N Greenview Ave #10

City Chicago State IL Zip Code 60640

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: **07 / 31 / 2014**
Transaction ID : **PR93696612481**

Amount of Each Receipt this Period: **30.00**

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **108.46**

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 25 OF 35
	(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. David Gillon
Full Name (Last, First, Middle Initial)

Mailing Address 100 Galleria Drive, Suite 500

City Atlanta State GA Zip Code 30080

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

Name of Employer Fresenius Medical Care NA Occupation Director Market Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR93697212481

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 Monthly)

B. 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 ▼ **1500.00**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR93697812481

Amount of Each Receipt this Period **200.00**

P/R Deduction (\$200.00 Monthly)

C. 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 ▼ **288.45**

Date of Receipt **07 / 31 / 2014**

Transaction ID : PR93698012481

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **276.92**

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 35
	<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. William Perry

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer: Fresenius Medical Care NA Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt: **07 / 31 / 2014**

Transaction ID : PR93698912481

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

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt: **07 / 31 / 2014**

Transaction ID : PR93699512481

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

P/R Deduction (\$110.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 ▼ **576.90**

Date of Receipt: **07 / 31 / 2014**

Transaction ID : PR93700012481

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

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	246.92
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 27 OF 35
	<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. Bernadette Vincent

Mailing Address 3850 North Causeway Blvd, Suite 14

City	State	Zip Code
Metairie	LA	70068

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

Name of Employer	Occupation
Fresenius Medical Care NA	Group Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR93700112481

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 5251 DTC Parkway, Suite 700

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	Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR93700212481

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 2219 Hollywood Blvd, Suite 101

City	State	Zip Code
Hallandale	FL	33009

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR94193212481

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional).....	153.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 35
	<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. Andrew Holstein

Mailing Address 630 West Germantown Pike, Suite 10

City Plymouth Meeting	State PA	Zip Code 19462
--------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR94193312481

Amount of Each Receipt this Period
35.00

P/R Deduction (\$35.00 Monthly)

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

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 ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR94193612481

Amount of Each Receipt this Period
240.00

P/R Deduction (\$240.00 Monthly)

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

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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : PR94193712481

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 29 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **07 / 31 / 2014**

Transaction ID : PR94194112481

Amount of Each Receipt this Period: **80.00**

P/R Deduction (\$80.00 Monthly)

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

Mailing Address 32 Hartwell Ave

City Lexington State MA Zip Code 02421

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

Name of Employer: Fresenius Medical Care NA Occupation: VP ITG Revenue Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt: **07 / 31 / 2014**

Transaction ID : PR94305112481

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

P/R Deduction (\$50.00 Monthly)

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

Mailing Address PO Box 113

City Grantham State NH Zip Code 03753

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: **07 / 31 / 2014**

Transaction ID : PR94305212481

Amount of Each Receipt this Period: **30.00**

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **160.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 35
	<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. Maria Burke
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 West Trade Street, Suite 1050
 City Charlotte State NC Zip Code 28202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation VP Strategic Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 31 / 2014
Transaction ID : PR94305312481
 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 ▼ 288.45

Date of Receipt 07 / 31 / 2014
Transaction ID : PR94305412481
 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 ▼ 288.45

Date of Receipt 07 / 31 / 2014
Transaction ID : PR94307012481
 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: (check only one)	PAGE 31 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Michael Tully

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer: Fresenius Medical Care NA
Occupation: Mgr Corp Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
07 / 31 / 2014
Transaction ID : PR94307512481

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer: Fresenius Medical Care NA
Occupation: Sr. Director, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
07 / 31 / 2014
Transaction ID : PR99620412481

Amount of Each Receipt this Period
32.00

P/R Deduction (\$32.00 Monthly)

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

Mailing Address One Westbrook Corporate Ctr, Suite

City Westchester State IL Zip Code 60047

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.80

Date of Receipt
07 / 31 / 2014
Transaction ID : PR99869912481

Amount of Each Receipt this Period
153.84

P/R Deduction (\$153.84 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	215.84
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 32 OF 35
(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 ▼ 576.90

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : PR99993912481
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).....▶	7365.94

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

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

FOR LINE NUMBER: PAGE 33 OF 35
(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
442.93

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014

Transaction ID : 8574688

Amount of Each Receipt this Period
442.93

Reimbursement of Fees

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	442.93
TOTAL This Period (last page this line number only).....▶	442.93

**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 Charges

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 8569018

Amount of Each Disbursement this Period

Bank Service Charges

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

/ /

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

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. John Lewis For Congress

Mailing Address P.O. Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. John Lewis

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : 8525710

Amount of Each Disbursement this Period

500.00

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 Patrick Brady

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : 8525711

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. KCP PAC

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

City Clifton State VA Zip Code 20124

Purpose of Disbursement
Direct Contribution

011

Candidate Name

KCP PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : 8525712

Amount of Each Disbursement this Period

5000.00

Direct Contribution

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

8000.00

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

8000.00