

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
Fresenius Medical Care North America PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)
 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric Bishop

Signature of Treasurer Eric Bishop [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2015"/>	<input type="text" value="93762.04"/>	<input type="text" value="93762.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="50366.96"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9132.77"/>	<input type="text" value="24427.59"/>
(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="59499.73"/>	<input type="text" value="118189.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14634.95"/>	<input type="text" value="73324.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="44864.78"/>	<input type="text" value="44864.78"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6690.60	13887.57
(ii) Unitemized	2442.17	10187.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9132.77	24075.41
(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)	9132.77	24075.41
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	352.18
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))..... ▶	9132.77	24427.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9132.77	24427.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	134.95	324.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	134.95	324.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14634.95	73324.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14634.95	73324.85

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)	9132.77	24075.41
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9132.77	24075.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	134.95	324.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	352.18
38. Net Operating Expenditures (subtract Line 37 from Line 36)	134.95	-27.33

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Amendment to correct inaccurate Line 15 and Line 17 totals.

Form/Schedule:

Transaction ID:

**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 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 82 Belcher Dr

City State Zip Code
Sudbury MA 01776-1247

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : A7644B78A422B45FDAE4

Amount of Each Receipt this Period
120.00

Payroll Deduction: \$120.00/

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

Mailing Address 1875 I St NW
FI 12

City State Zip Code
Washington DC 20006-5409

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 ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : AEFC3B98A4D254F68A15

Amount of Each Receipt this Period
130.00

Payroll Deduction: \$130.00/

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

Mailing Address 920 Winter St

City State Zip Code
Waltham MA 02451-1521

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

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

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
 02 / 27 / 2015
Transaction ID : A42EFBC5235D3429A9D3

Amount of Each Receipt this Period
55.00

Payroll Deduction: \$55.00/

SUBTOTAL of Receipts This Page (optional).....▶	305.00
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 8 OF 15
	<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
-----------------------------	-----------------------------	-----------------------------

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. Jeffrey Hymes

Mailing Address 750 Old Hickory Blvd
Ste 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: Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
02 / 27 / 2015
Transaction ID : **A7B1C0E28D86D46CFBB5**

Amount of Each Receipt this Period
100.00

Payroll Deduction: \$100.00/

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

Mailing Address 801 Pennsylvania Ave NW
Ste 225

City Washington State DC Zip Code 20004-2615

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

Name of Employer: Fresenius Medical Care NA
Occupation: VP of Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4991.69

Date of Receipt
02 / 27 / 2015
Transaction ID : **A40F86DE14CBC498CAD2**

Amount of Each Receipt this Period
4991.69

Payroll Deduction: \$4991.69/

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

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: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.24

Date of Receipt
02 / 27 / 2015
Transaction ID : **A743FD0C6C32B42E289F**

Amount of Each Receipt this Period
192.31

Payroll Deduction: \$192.31/

SUBTOTAL of Receipts This Page (optional).....	5284.00
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 9 OF 15
	<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
-----------------------------	-----------------------------	-----------------------------

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. Liam Walsh

Mailing Address 1875 I St NW
FI 12

City Washington State DC Zip Code 20006-5409

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 ▼
268.00

Date of Receipt
02 / 27 / 2015
Transaction ID : A2CCC24F4D65C4FD5A52

Amount of Each Receipt this Period
67.00

Payroll Deduction: \$67.00/

Full Name (Last, First, Middle Initial)
B. Douglas G. Kott

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: Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt
02 / 27 / 2015
Transaction ID : A13D68632C164402CB41

Amount of Each Receipt this Period
192.30

Payroll Deduction: \$192.30/

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

Mailing Address 927 Prairie Ave

City Park Ridge State IL Zip Code 60068-3937

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 ▼
769.24

Date of Receipt
02 / 27 / 2015
Transaction ID : AA4FB71BD7CA743E1A54

Amount of Each Receipt this Period
192.31

Payroll Deduction: \$192.31/

SUBTOTAL of Receipts This Page (optional).....▶	451.61
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 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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. Brian Silva
Full Name (Last, First, Middle Initial)
Mailing Address 920 Winter St
City Waltham State MA Zip Code 02451-1521
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation SVP, Human Resources & Admin
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **769.24**

Date of Receipt **02 / 27 / 2015**
Transaction ID : A341BF7795BE34969837
Amount of Each Receipt this Period **192.31**
Payroll Deduction: \$192.31/

B. Deborah Harvey
Full Name (Last, First, Middle Initial)
Mailing Address 100 Galleria Pkwy SE Ste 500
City Atlanta State GA Zip Code 30339-3165
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 **600.00**

Date of Receipt **02 / 27 / 2015**
Transaction ID : A957AC43D5B024685821
Amount of Each Receipt this Period **150.00**
Payroll Deduction: \$150.00/

C. Donna McCarthy
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 Division President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **461.52**

Date of Receipt **02 / 27 / 2015**
Transaction ID : A77D173537B5840B3969
Amount of Each Receipt this Period **115.38**
Payroll Deduction: \$115.38/

SUBTOTAL of Receipts This Page (optional).....▶	457.69
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 15
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Nicholas Brownlee
Full Name (Last, First, Middle Initial)
Mailing Address 1875 I St NW
FI 12
City Washington State DC Zip Code 20006-5409
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 ▼ 769.20

Date of Receipt 02 / 27 / 2015
Transaction ID : AD27480F19CC943E0AE1
Amount of Each Receipt this Period 192.30
Payroll Deduction: \$192.30/

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
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
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	192.30
TOTAL This Period (last page this line number only).....▶	6690.60

**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

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. Comerica Bank

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

Purpose of Disbursement
Bank Service Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : BB5FE216AF1EF4E8E988

Amount of Each Disbursement this Period

134.95

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

134.95

134.95

**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

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. People For Patty Murray

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement
Direct Contribution

Candidate Name
Sen. Patty Murray

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WA District:

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2015

Transaction ID : **B79B3A41AABBB469D9C1**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. George Holding For Congress

Mailing Address PO Box 97187

City State Zip Code
Raleigh NC 27624

Purpose of Disbursement
Direct Contribution

Candidate Name
Rep. George E.B. Holding

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NC District: 13

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : **B71DDE991EB10464C8C6**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gillibrand For Senate

Mailing Address 236 Massachusetts Ave Ne
Suite 110

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Direct Contribution

Candidate Name
Sen. Kirsten E. Gillibrand

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District:

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2015

Transaction ID : **B0074D5EB143846F6841**

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

**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

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. Udall for Us All

Mailing Address 303 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5701

Purpose of Disbursement
Direct Contribution

Candidate Name
Sen. Tom S. Udall

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NM District:

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : **B67C06AFB912F4690AFD**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. People For Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
Direct Contribution

Candidate Name
Sen. Patty Murray

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WA District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2015

Transaction ID : **B01A0DAAD463A4C018D9**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement
Direct Contribution

Candidate Name
Rep. Patrick L. Meehan Jr.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: PA District: 07

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : **B10AE042E57CD46FE889**

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

**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

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. Upton For All Of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
Direct Contribution

Candidate Name
Rep. Fred S. Upton

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2015

Transaction ID : B17937D9AACE0465BABD

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Mailing Address P.O. Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement
Direct Contribution

Candidate Name
Rep. Kevin P. Brady

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2015

Transaction ID : BED374C3DF97D46A5AEB

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. People For Patty Murray

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement
Direct Contribution

Candidate Name
Sen. Patty Murray

Office Sought: House
 Senate
 President
State: WA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2015

Transaction ID : B2B633303811840E28B0

Amount of Each Disbursement this Period

3500.00

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

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

7000.00

14500.00