

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Silva, Brian, , ,**

Mailing Address 6 Nelson Circle

City  
BedfordState  
MAZip Code  
01730Purpose of Disbursement  
Refund of Excessive 2016 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	2		2	0	1	7		

FEC Identification Number

**C****Transaction ID : B076F5EA4F**

Amount of Each Disbursement this Period

192.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sepucha, Robert, Charles, ,**Mailing Address Headquarters  
920 Winter StreetCity  
WalthamState  
MAZip Code  
02451Purpose of Disbursement  
Refund of Excessive 2016 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	2		2	0	1	7		

FEC Identification Number

**C****Transaction ID : B929CCA153**

Amount of Each Disbursement this Period

192.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Dombro, Lisa, , ,**

Mailing Address 927 Prairie Ave

City  
Park RidgeState  
ILZip Code  
60068-3937Purpose of Disbursement  
Refund of Excessive 2016 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	2		2	0	1	7		

FEC Identification Number

**C****Transaction ID : B3C19CAA71**

Amount of Each Disbursement this Period

192.37

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

577.11

577.11