

**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.

12FE4M5

Fresenius Medical Care Holdings, Inc. Political Action Committee

ADDRESS (number and street)

801 Pennsylvania Avenue, NW

Suite 820

Washington

DC

20004-2615

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00401299

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2025

through

M M M / D D D / Y Y Y Y Y Y
09 30 2025

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

Smith, Christine, M, Ms.,

Signature of Treasurer

Smith, Christine, M, Ms.,

Date

M M M / D D D / Y Y Y Y Y Y
10 07 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Fresenius Medical Care Holdings, Inc. Political Action Committee

Report Covering the Period:

From:

MM / DD / YYYY
09 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		622000.74
(b) Cash on Hand at Beginning of Reporting Period.....	469831.51	
(c) Total Receipts (from Line 19)	18226.39	165057.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	488057.90	787057.90
7. Total Disbursements (from Line 31)	18764.00	317764.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	469293.90	469293.90
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Fresenius Medical Care Holdings, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

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).....	16892.71	135395.84
(ii) Unitemized	1333.68	29661.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18226.39	165057.16
(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)	18226.39	165057.16
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18226.39	165057.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18226.39	165057.16

DETAILED SUMMARY PAGE of Disbursements

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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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	314500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	3264.00	3264.00
(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)).....	3264.00	3264.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	18764.00	317764.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18764.00	317764.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	18226.39	165057.16
34. Total Contribution Refunds (from Line 28(d))	3264.00	3264.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14962.39	161793.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hawkins, Julie, E, ,

Mailing Address 14 Herrick Rd

City
BoxfordState
MAZip Code
01921-2102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2025

Transaction ID : AB43BDD7E0DFE428F851

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chan, Ching Hoe, , ,

Mailing Address 1 Kings Rd

City
LynnfieldState
MAZip Code
01940-2225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Kidney Care Advocates

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
09 / 03 / 2025

Transaction ID : ADAECCB4DF8B04CC18B1

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Caldwell, Benjamin, Clark, ,

Mailing Address 15 Westford Rd

City
ProvidenceState
RIZip Code
02906-4943FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2025

Transaction ID : A2ADB0F1F14784220BD6

Amount of Each Receipt this Period

250.00

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

1550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ciulini, Sharon, R, ,

Mailing Address 1965 Bridlewood Dr

City
Hoffman EstatesState
ILZip Code
60192FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Clinical Manager (33)

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
09 / 03 / 2025

Transaction ID : AEDA847A66A124E59BCA

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Oyler, Kristen, S, ,

Mailing Address 2626 Hardscrabble Rd

City
AlexandriaState
OHZip Code
43001-9747FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Director Patient Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AFC91E340DEBB4386A7D

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hollowell, Kim, R, ,

Mailing Address 12720 Hiram Rd

City
Wills PointState
TXZip Code
75169FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Rev Cycle

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A0956D822C7774CEE9D6

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

406.92

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

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<input checked="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 Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Farrar-Mcintyre, Elizabeth, A, ,

Mailing Address 1502 Delbrook Circle

City
IndianapolisState
INZip Code
46260FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Area Team Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : AC589EA36A126495EBAC**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carver, Michelle, L, ,Mailing Address Po Box 63
408 Austin StCity
PickrellState
NEZip Code
68422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A28046F0722834901BF6**

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gaston, W, Strait, ,

Mailing Address 422 Monroe Hwy

City
LancasterState
SCZip Code
29720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1102.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A852ACEE8D0A64D1E85C**

Amount of Each Receipt this Period

116.00

☐ Memo Item

Payroll Deduction: \$58.00/Bi-Weekly

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

550.00

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

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<input checked="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 Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bowerman, Frieda, E, ,

Mailing Address 9 Charles Street Ave

City
WalthamState
MAZip Code
02453-3518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

VP Pharma Procurement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

828.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2025**Transaction ID : A6601CD2196CD4AC9BAC**

Amount of Each Receipt this Period

46.00

☐ Memo Item

Payroll Deduction: \$46.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Krauss, Charles, , ,

Mailing Address 217 Newtown Rd

City
ActonState
MAZip Code
01720-2621FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

SVP Global IP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3456.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : AD1C9287AD71B470FA36**

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Silva, Melissa, A, ,

Mailing Address 393 Forest St

City
DunstableState
MAZip Code
01827-2504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

VP Clinical Engagement Strategies

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1102.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A5AA974AD5CE04ED1874**

Amount of Each Receipt this Period

116.00

☐ Memo Item

Payroll Deduction: \$58.00/Bi-Weekly

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

546.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 45
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Landino, John, P, ,

Mailing Address 911 Lake Breeze Dr

City
Highland VillageState
TXZip Code
75077-6491FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP FKC Strategic Development

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
09 / 05 / 2025**Transaction ID : AA45B1F1DE5D74518800**

Amount of Each Receipt this Period

96.15

☐ Memo Item

Payroll Deduction: \$96.15/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vail, Kimberly, V, ,

Mailing Address 8915 Hawks Cove Rd

City
GainesvilleState
GAZip Code
30506-5616FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Home Therapies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A72BFB9175BC748C99BD**

Amount of Each Receipt this Period

26.94

☐ Memo Item

Payroll Deduction: \$13.47/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cahill Jr, Robert, K, ,

Mailing Address 30 Tyler St

City
Hyde ParkState
MAZip Code
02136-3427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Mgr Revenue Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A9857270B818440E69BF**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

153.09

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schrag, Wendy, L, ,

Mailing Address 2005 Briarwood Drive

City
NewtonState
KSZip Code
67114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A712F36557FA648B9ACE**

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Greear, Zane, S, ,

Mailing Address 4016 Freedom Lake Dr

City
DurhamState
NCZip Code
27704-2156FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Technical Methods Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2025**Transaction ID : AE6DAA14D21E4428F966**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Roder, David, S, ,Mailing Address 15 Kings Way
Unit 32City
WalthamState
MAZip Code
02451-9004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A9F71A0265E604C08BD1**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

524.00

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

PAGE 12 OF 45

<input checked="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 Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rice, Richard, Allen, ,

Mailing Address 6112 Cyril Dr

City
Ridge ManorState
FLZip Code
33523-9004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A6B35E5A6FA074B7CB97**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Veatch, Courtney, , ,Mailing Address 1000 New Jersey Ave SE
Apt 422City
WashingtonState
DCZip Code
20003-3360FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1485.26

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A26EBBC347B63437A9E2**

Amount of Each Receipt this Period

193.00

☐ Memo Item

Payroll Deduction: \$96.50/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thompson, David, Leslie, ,

Mailing Address 3114 Dutch Forest Ln

City
EdmondState
OKZip Code
73013-7577FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Med Officer Critical Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2025**Transaction ID : AD7F4D9FE5C454DFA89B**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

513.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'Neill, Suzanne, , ,

Mailing Address PO Box 7282

City
Myrtle BeachState
SCZip Code
29572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Chief of Staff US CareDelivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A459352690F604376B59

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Deirdre, Ann, ,

Mailing Address 206 President Cir

City
SummervilleState
SCZip Code
29483-4381FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Dir Clinical Quality Report

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A70AFF4E8119F44D58FB

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Anguiano, Maria, Cruz, ,

Mailing Address 22950 N Sowles Rd

City
AcampoState
CAZip Code
95220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AB068090F61F94512B62

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

484.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barry, Debra, N, ,

Mailing Address 3065 Fox Sedge Place

City
Highlands RanchState
COZip Code
80126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Dir Operational Excellence

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AD07BD07F1C084CF0BB9

Amount of Each Receipt this Period

88.00

☐ Memo Item

Payroll Deduction: \$44.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bresn, Sherri, L, ,

Mailing Address 72 Lakeview Place

City
Lake ZurichState
ILZip Code
60047FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Dir Clinical Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A54102BB107984F2CAE3

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shaw, Steven, D, ,

Mailing Address 22 Periwinkle Ln

City
MashpeeState
MAZip Code
02649-3851FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP Global HR Ops & SS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A4B305FD2AF274088BC8

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

168.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wright, Denise, , ,

Mailing Address 555 Ridge Rd

City
FranklinState
GAZip Code
30217-6459FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2557.78

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A7C8EC4309CB04FA0840**

Amount of Each Receipt this Period

269.24

☐ Memo Item

Payroll Deduction: \$134.62/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Devore, Nicole, A, ,

Mailing Address 13660 Abbey Drive E2

City
Fort MyersState
FLZip Code
33919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : AE9770D49FC964852B92**

Amount of Each Receipt this Period

194.00

☐ Memo Item

Payroll Deduction: \$97.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barton, Brett, A, ,

Mailing Address 475 W 13th St

City
OgdenState
UTZip Code
84404-5554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Manufacturing Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : ABF728724F45C468FA32**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

583.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lynch, Robert, A, ,

Mailing Address 15 Dudley Rd

City
WellesleyState
MAZip Code
02481-5305FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP FMS Mktg Ops and Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AB73D5412A2F845D98B1

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ralls, Andrea, C, ,

Mailing Address 15859 Garrison Cir

City
AustinState
TXZip Code
78717-3053FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Ops (Vasc/Prac Mgt)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AD09EE6F243854862A87

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moody, Michael, , ,

Mailing Address 10606 Taylor Farm Court

City
ProspectState
KYZip Code
40059FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP Care Delivery Growth

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AFD999A2C8FDB463DB89

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

320.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rich, Patricia, R, ,

Mailing Address 89 Greenwood Rd

City
AndoverState
MAZip Code
01810-3343FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2160.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A3A7016E6F2E348428B5**

Amount of Each Receipt this Period

270.00

☐ Memo Item

Payroll Deduction: \$135.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Haag, Stephen, E, ,

Mailing Address 601 Cinco Terrace Ln

City
Fort Walton BeachState
FLZip Code
32547-3603FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Corporate Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.11

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : AEC514144643D4118B8F**

Amount of Each Receipt this Period

115.38

☐ Memo Item

Payroll Deduction: \$57.69/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mekhdjvakian, Taleen, Garo, ,

Mailing Address 2410 30th St NE

City
WashingtonState
DCZip Code
20018-1533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A45A3E33C1ED34B1A88B**

Amount of Each Receipt this Period

194.00

☐ Memo Item

Payroll Deduction: \$97.00/Bi-Weekly

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

579.38

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

PAGE 18 OF 45

<input checked="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 Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. White, Danielle, , ,

Mailing Address 492 N Pickett St

City
AlexandriaState
VAZip Code
22304-2106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A34E8375151594425A20**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Almeida, Raymond, J, ,

Mailing Address 18 Hunters Ridge Way

City
HopkintonState
MAZip Code
01748-1084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Com Ops and Strat Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A479B998362AF406C9F4**

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll Deduction: \$57.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jalbert, Linda, , ,

Mailing Address 176 Kara Dr

City
North AndoverState
MAZip Code
01845-4835FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP Med Safety & Post Mkt Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A8C0333DDDB6E4FE89E0**

Amount of Each Receipt this Period

160.00

☐ Memo Item

Payroll Deduction: \$80.00/Bi-Weekly

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

474.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McGhee, Troy, , ,

Mailing Address 8 Biltmore Estates #124

City
PhoenixState
AZZip Code
85016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Production Area Americas

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A3EA15F4A54014E3DA73

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Murphy, Peter, , ,

Mailing Address 3 Lovering Ave

City
FraminghamState
MAZip Code
01701-7714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Mktg Planning Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A5DB931D449684F229AE

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sardina, Alejandro, E, ,

Mailing Address 27711 Guthrie Ridge Ln

City
KatyState
TXZip Code
77494FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3456.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A36512956FE854AD893E

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

828.00

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

PAGE 20 OF 45

<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 Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cordola, Craig, , ,

Mailing Address 4511 Beacon Dr

City
NashvilleState
TNZip Code
37215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

CEO FMCNA Member Mgmt Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3072.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A7AAE4960FBEA4946ADD

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brentar, Ginine, M, ,

Mailing Address 3530 Rowe Ln

City
CummingState
GAZip Code
30041-5586FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

SVP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : ABDDD652C1A1E4433821

Amount of Each Receipt this Period

240.00

☐ Memo Item

Payroll Deduction: \$120.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hamilton, Catherine, M, ,

Mailing Address 1198 Dongola Rd

City
MineralState
VAZip Code
23117-2727FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

SVP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A27478B812A764DE7A5C

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

674.00

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

PAGE 21 OF 45

<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 Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Collins, Robin, , ,

Mailing Address 69 High St

City
AndoverState
MAZip Code
01810-3527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Clin Sys Strategies & ICI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2025**Transaction ID : AA955F88A70D845D486B**

Amount of Each Receipt this Period

76.00

☐ Memo Item

Payroll Deduction: \$38.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lee, Emile, , ,

Mailing Address 10256 Emerald Way

City
FairfaxState
VAZip Code
22032-2522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2025**Transaction ID : AD5A5E231876A44B5868**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mentz, Keith, A, ,

Mailing Address 710 Park Pl

City
MishawakaState
INZip Code
46545-3519FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Gov Rel Ext Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A39F5E16D32E842B7BAC**

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

560.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gately, Shannon, M, ,

Mailing Address 40 Phillips Ct

City
North AndoverState
MAZip Code
01845-2911FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Gov Affairs Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A874D12B736E54F25BDF**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Easterbrook, James, , ,Mailing Address 4646 North Greenview Ave
Apt 10City
ChicagoState
ILZip Code
60640FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Performance Training Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A473E862C28364CD6808**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sohn, Jonathan, , ,

Mailing Address 3240 Fordham Court

City
BrookfieldState
WIZip Code
53005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP Rev Cycle Strat Bus Init

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : AB41D2D4585D64183831**

Amount of Each Receipt this Period

153.84

☐ Memo Item

Payroll Deduction: \$76.92/Bi-Weekly

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

223.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schmiedt, Rainer, Aner, ,

Mailing Address 17195 Windy Pointe Ln

City
Boca RatonState
FLZip Code
33496-5646FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A7018CB6CFA634B98B43**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kehne, Terry, B, ,

Mailing Address 12247 Channel Point Dr

City
KnoxvilleState
TNZip Code
37922-6180FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Mgr Product Engr Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A621837B77520416D9E2**

Amount of Each Receipt this Period

24.00

☐ Memo Item

Payroll Deduction: \$12.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fischer, Gerhard Karsten, , ,

Mailing Address 6 Sandstone Dr

City
NashuaState
NHZip Code
03063-1808FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP R&D

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1461.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : ABE4B8395C17949AB96C**

Amount of Each Receipt this Period

153.84

☐ Memo Item

Payroll Deduction: \$76.92/Bi-Weekly

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

217.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Harb, William, R, ,

Mailing Address 59 Choate St

City
EssexState
MAZip Code
01929-1047FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

VP Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A8B725149241C44F0935**

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Etkin, Jennifer, Jones, ,

Mailing Address 1280 McDivitt Dr

City
Blue BellState
PAZip Code
19422-3333FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

VP PMO and Physician Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A7F23DEE5189D4961B58**

Amount of Each Receipt this Period

115.38

☐ Memo Item

Payroll Deduction: \$57.69/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hartwig, Annemarie, , ,

Mailing Address 14655 S Caenen Lane

City
OlatheState
KSZip Code
66062FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

SVP Payor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : AF79077AFCBF743B49ED**

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

883.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Goolsby, Robert, M, ,

Mailing Address 4813 Oak Way

City
RaleighState
NCZip Code
27613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A0FA99EC274E244A091E**

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ficociello, Linda, H, ,

Mailing Address 1 Bumble Bee Ln

City
LittletonState
MAZip Code
01460-1662FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Real World Evidence Gen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : AC126C01627774251A9A**

Amount of Each Receipt this Period

24.00

☐ Memo Item

Payroll Deduction: \$12.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Toomey, Paul, A, ,

Mailing Address 836 Bolton Road

City
VernonState
CTZip Code
06066FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Bus Dev Mark Phy Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1683.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A411F731B73C44641877**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

608.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cruz Wiekierak, Marybeth, , ,

Mailing Address 10351 Somerset Lane

City
HuntleyState
ILZip Code
60142FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Director Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A2D2C2F637E694363A8D

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll Deduction: \$57.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chatoth, Dinesh, K, ,

Mailing Address 828 Big Horn Holw

City
SuwaneeState
GAZip Code
30024-1766FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
FKC Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1461.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AA6DADEEECA244354A60

Amount of Each Receipt this Period

153.86

☐ Memo Item

Payroll Deduction: \$76.93/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Chambers, Brenda, , ,Mailing Address 3100 W Central Ave
Ste 100City
ToledoState
OHZip Code
43606-2924FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Dir Operations Chronic

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A9D444045BA8C422E864

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

297.86

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Elias, Nathan, D, ,

Mailing Address 213 Lynne Cir

City
VeronaState
WIZip Code
53593FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Head State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AE52C37E802C145A58BC

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Britton, Elizabeth, A, ,

Mailing Address 2559 Hitchcock Street

City
HendersonState
NVZip Code
89052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AF1BE9115E8AF4D0EAAF

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Haas, Robert, L, ,

Mailing Address 215 Lincoln St

City
DupontState
PAZip Code
18641-1316FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Dir Operations Chronic

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

731.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AAE27FEDBEC7A469C88D

Amount of Each Receipt this Period

77.00

☐ Memo Item

Payroll Deduction: \$38.50/Bi-Weekly

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

491.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nielsen, Jay, David, ,

Mailing Address 16535 Indian Ridge Dr.

City
BullardState
TXZip Code
75757FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir IT Field Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A0F04C4BED86E479FADF

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Coimbre, Nelson, A, ,

Mailing Address 3601 S Le Jeune Rd

City
Coral GablesState
FLZip Code
33134-7110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir PreConstruction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A6D217AC150864356895

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Loeper, Robert, Peter, ,Mailing Address 4631 Woodland Corporate Blvd
Ste 113City
TampaState
FLZip Code
33614-2416FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP FKC OpsSppt BusContDisResp

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1102.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AE58B32E109CF42D9B8C

Amount of Each Receipt this Period

116.00

☐ Memo Item

Payroll Deduction: \$58.00/Bi-Weekly

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

236.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stieber-Brown, Charles, E, ,

Mailing Address 4640 Glen Coe Street

City
LeesburgState
FLZip Code
34748FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Clinical Manager (32)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A5DA76EFE6E3148BBA7C**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Roy, Wendy, M, ,

Mailing Address 10836 Maples Rd

City
Fort WayneState
INZip Code
46816-9604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Clin Svcs Initiatives Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A3BB537DD37E14A46B98**

Amount of Each Receipt this Period

77.00

☐ Memo Item

Payroll Deduction: \$38.50/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meade, Debra, Ann, ,

Mailing Address 1748 Bel Air Avenue

City
Pompano BeachState
FLZip Code
33062FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Clinical Methods Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : AD4991E5F449243599ED**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

157.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thibodeau, Kerry, R, ,

Mailing Address 36 Morey Lane

City
RandolphState
NJZip Code
07869FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP CD JV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A83B76F06F46A487FB2A**

Amount of Each Receipt this Period

115.38

☐ Memo Item

Payroll Deduction: \$57.69/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Causey, Benjamin, T, ,Mailing Address 83 Monroe Street
Apt. 4ACity
HobokenState
NJZip Code
07030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Dir Operations Chronic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1444.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : ACE0BB83DDF534012A6F**

Amount of Each Receipt this Period

152.00

☐ Memo Item

Payroll Deduction: \$76.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Paul, E, ,

Mailing Address 2 Fairfield Dr

City
PalmerState
MAZip Code
01069-2250FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Biomedical Supp Serv

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
09 / 19 / 2025**Transaction ID : A381412DC2D104D0FA31**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

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

347.38

SCHEDULE A (FEC Form 3X)
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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schrader, Michael, , ,

Mailing Address 11643 Periwinkle Dr

City
NaplesState
FLZip Code
34120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Dir Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A1476193BD296482189A

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Norris, Bradford, W, ,

Mailing Address 108 Christopher St

City
ChapinState
SCZip Code
29036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Corporate Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A71E6CFAB82F04D2EBCD

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schmidt, Sarah, , ,

Mailing Address 1008 Independence Ave SE

City
WashingtonState
DCZip Code
20003-3920FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Head Federal Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AF6AE92E27CE249F2A1B

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

494.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spinelli, Edda, B, ,Mailing Address 23681 Via Linda
Ste ECity
Mission ViejoState
CAZip Code
92691-7882FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Facility Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : AEF8A855939EF42BE969**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Omolade, Adriana, , ,

Mailing Address 10 Wheeler Ln

City
WatertownState
MAZip Code
02472-2621FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : ABC97921D7447468EB16**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Haron, Charles Daniel, , ,

Mailing Address PO Box 1439

City
PocassetState
MAZip Code
02559-1439FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
President FRx

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A8203477D46D9424180B**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

280.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(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 Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gaeta, Domenic, P, ,Mailing Address 428 Medford St
Apt 2City
CharlestownState
MAZip Code
02129-1422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

VP Dep Gen Counsel Spec Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1461.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AF33210D1466340839D7

Amount of Each Receipt this Period

153.84

☐ Memo Item

Payroll Deduction: \$76.92/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mulcahy, Elizabeth, A, ,

Mailing Address 73 Lincoln St

City
BelmontState
MAZip Code
02478-3546FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

VP Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A1447CDE416EF4273809

Amount of Each Receipt this Period

230.76

☐ Memo Item

Payroll Deduction: \$115.38/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Usvyat, Len, A, ,Mailing Address 100 Shawmut Ave
Unit 1105City
BostonState
MAZip Code
02118-3584FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

SVP Corp RD and RRI Res

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AF4313067F7A94962A56

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

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

464.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Blanton, Barry, , ,

Mailing Address 2408 Cruise Drive

City
Grand PrairieState
TXZip Code
75054FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP Corporate Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A7D50B1224B6B439CAA1**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$75.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Besten, James, S, ,

Mailing Address 9 Slashpine Cir

City
HockessinState
DEZip Code
19707-9206FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A0ADBDDBC112348BC8B9**

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll Deduction: \$57.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Waack, Tana, , ,

Mailing Address 352

Toby Court

City
Mt. JulietState
TNZip Code
37122FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Inpatient Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1461.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A99C12502511744BAA87**

Amount of Each Receipt this Period

153.84

☐ Memo Item

Payroll Deduction: \$76.92/Bi-Weekly

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

417.84

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chambers, Timothy, D, ,

Mailing Address 1455 Curlew Ave Unit 3

City
NaplesState
FLZip Code
34102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A1921BCDE80314A988E2**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lewis, Susan, , ,

Mailing Address 584 Nevil Road

City
WinlockState
WAZip Code
98596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Strat Clinical Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A994B06D12C82427B8C2**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Surane, Robin, Elizabeth, ,

Mailing Address 20106 Bascom Ridge Dr

City
CorneliusState
NCZip Code
28031FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Exec Dir Clin Res Network Ops

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
09 / 19 / 2025**Transaction ID : A7F2C34206FD244EFBA0**

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/Bi-Weekly

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

236.92

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hippen, Benjamin, , ,

Mailing Address 729 E Worthington Ave

City
CharlotteState
NCZip Code
28203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP Global Head Clin Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A0CFC226C373E47AD9EF**

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wall, Karen, M, ,

Mailing Address 3 Sundorf St

City
MoultonboroughState
NHZip Code
03254-4460FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP HR Business Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A3995A1592E15461FBA2**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Payroll Deduction: \$96.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carter, Nancy, Dianne, ,

Mailing Address 1607 Revella Arch

City
ChesapeakeState
VAZip Code
23322-6991FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP Corp Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3652.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A8B862440B9094154B0E**

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

960.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Horowitz, Maxwell, , ,Mailing Address 1000 New Jersey Ave SE
Apt 606City
WashingtonState
DCZip Code
20003-3363FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1461.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A5299B6B7C13340C1BC1**

Amount of Each Receipt this Period

153.84

☐ Memo Item

Payroll Deduction: \$76.92/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Johnson, Warren, , ,

Mailing Address 1705 Lower Church Ct

City

Virginia Beach

State

VA

Zip Code

23455-7016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
GVP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A3CA5F64D4DA246D3B39**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lyesiuk, Erik, J, ,

Mailing Address 920 Winter St

Head

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP CD JV

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A2D3409C91998405590C**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

353.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Henderson, Bradley, R, ,

Mailing Address 6929 W Granbury Dr.

City
South JordanState
UTZip Code
84009FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A32210E7ADD9E4B24A84

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll Deduction: \$57.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perkins, Timothy, W, ,

Mailing Address 7602 Garden View Ct

City
LouisvilleState
KYZip Code
40220-5028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Director Patient Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AB2A7CE081C054A68BED

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Howell, Wayne, H, ,

Mailing Address 2467 Huntington Park Dr NW

City
AcworthState
GAZip Code
30101-5755FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP FKC Patient Admission Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : AC06AB42545F24C94AE0

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

274.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nash, Roshelle, , ,

Mailing Address 2150 Talman Ct

City
Winter ParkState
FLZip Code
32792-6333FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr VP Chief Med Info Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A4CB9B84E9D974C589E7**

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll Deduction: \$57.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dymek, Terrence, M, ,

Mailing Address 32 Level St

City
MerrimackState
NHZip Code
03054-6629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Network Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : ABC591FFF9DFD466BBB8**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Santiago, Karen, , ,

Mailing Address 7 Ivy Lane

City
ManalapanState
NJZip Code
07726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A458DB6F1B7B140C6966**

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

538.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 45
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Myers, Brittany, A, ,

Mailing Address 9873 Chipper Lane

City
FoleyState
ALZip Code
36535FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Dir Operations Chronic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A7551B5D7A6D44009B6F**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Deluca, Sharon, , ,

Mailing Address 14 Millstone Rd

City
FairmontState
WVZip Code
26554-4990FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : ACA985E027D934027AA8**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Krasuski, Marc, R, ,

Mailing Address 255 Bradford Cir

City
Blue BellState
PAZip Code
19422-2557FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP FVC Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

731.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A4B3A075B267F422F9A5**

Amount of Each Receipt this Period

77.00

☐ Memo Item

Payroll Deduction: \$38.50/Bi-Weekly

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

187.00

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

PAGE 41 OF 45

<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 Holdings, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mello, Bryan, H, ,

Mailing Address 89 Buchanan Rd

City

West Roxbury

State

MA

Zip Code

02132-7708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

VP Corporate Tax

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : AD9A63C2F2F464E2E870**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction: \$250.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sharkey, Gina, Marie, ,

Mailing Address 2145 43rd Ter N

City

St Petersburg

State

FL

Zip Code

33714-4132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

VP Inpatient Services

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

201.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A25BC9FAA89F54CA59F8**

Amount of Each Receipt this Period

10.58

☐ Memo Item

Payroll Deduction: \$10.58/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ochs, Scott, , ,

Mailing Address 2117 N Glen Wood Ct.

City

Wichita

State

KS

Zip Code

67230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

VP Home Therapies

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : A971D25837D8C4BCE965**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

310.58

16892.71

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

PAGE 42 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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 Holdings, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address PO BOX 50084

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	2	5	

City
Fort WorthState
TXZip Code
76105-0084

FEC Identification Number

C C00506832**Transaction ID : B59076B21E**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Purpose of Disbursement

Contribution to Committee

Candidate Name

Veasey, Marc, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 33

Full Name (Last, First, Middle Initial)

B. NICOLE FOR NEW YORK

Mailing Address PO Box 60487

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	5	

City
Staten IslandState
NYZip Code
10306-0487

FEC Identification Number

C C00694778**Transaction ID : BEEECBABC**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Purpose of Disbursement

Contribution to Committee

Candidate Name

Malliotakis, Nicole, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 11

Full Name (Last, First, Middle Initial)

C. BLAKE MOORE FOR CONGRESSMailing Address 358 South 700E
Suite 8505

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	5	

City
Salt Lake CityState
UTZip Code
84102-2161

FEC Identification Number

C C00738872**Transaction ID : BC5B192AA**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Purpose of Disbursement

Contribution to Committee

Candidate Name

Moore, Blake, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: UT

District: 01

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

6000.00

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

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

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

PAGE 43 OF 45

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care Holdings, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. JEFFRIES FOR CONGRESS

Mailing Address PO Box 65322

City
WashingtonState
DCZip Code
20035-5322

Purpose of Disbursement

Contribution to Committee

Candidate Name

Jeffries, Hakeem, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 08

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6		2	0	2	5		

FEC Identification Number

C C00503052

Transaction ID : B6838E14CC

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LATTA FOR CONGRESS

Mailing Address PO BOX 106

City
Bowling GreenState
OHZip Code
43402-0106

Purpose of Disbursement

Contribution to Committee

Candidate Name

Latta, Bob, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: OH

District: 05

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2		2	0	2	5		

FEC Identification Number

C C00438697

Transaction ID : B04A510A97

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAROL FOR CONGRESS

Mailing Address 228 S. Washington St Ste 115

City
AlexandriaState
VAZip Code
22314-5404

Purpose of Disbursement

Contribution to Committee

Candidate Name

Miller, Carol, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV

District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2		2	0	2	5		

FEC Identification Number

C C00653220

Transaction ID : B55D7A1A98

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4500.00

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

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

PAGE 44 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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 Holdings, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMONSENSE, CONSERVATIVE VALUES PAC

Mailing Address PO Box 504

City
Sioux FallsState
SDZip Code
57101-0504

Purpose of Disbursement

Contribution to Committee

Candidate Name

COMMONSENSE, CONSERVATIVE VALUES PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

Other

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	5	

FEC Identification Number

C C00748186

Transaction ID : B79B81753F1

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

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

15500.00

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

PAGE 45 OF 45

<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 Holdings, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hymes, Jeffrey, , ,

Mailing Address 120 Belle Meade Blvd

City
NashvilleState
TNZip Code
37205-3416

Purpose of Disbursement

Refund of 17 contriutions

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	2	5		

FEC Identification Number

C

Transaction ID : BC96B79313

Amount of Each Disbursement this Period

3264.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3264.00

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

3264.00