

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 77

☒ 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 North America PAC

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

A. Mills, Allen, P, ,

Mailing Address 550 S Caldwell St
Ste 920

City
Charlotte

State
NC

Zip Code
28202-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
FMS General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1456.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2019

Transaction ID : A4E21A5C4282942C2936

Amount of Each Receipt this Period

312.00

☐ Memo Item

Payroll Deduction: \$104.00/Bi-Weekly

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

B. Leinwand, Martin, , ,

Mailing Address 85 Grove Street
Unit #405

City
Wellesley

State
MA

Zip Code
02482

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
SVP Bus Dev ICG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2019

Transaction ID : A1FC5BA349A054EF4930

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

C. Ketchersid, Terry, L, ,

Mailing Address 141 Hooded Merganser Ct

City
Johns Island

State
SC

Zip Code
29455-5739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
SVP CMO Integrated Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

MM / DD / YYYY
06 / 01 / 2019

Transaction ID : A3838F732DB814110A6B

Amount of Each Receipt this Period

576.93

☐ Memo Item

Payroll Deduction: \$192.31/Bi-Weekly

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

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

1038.93