

Major Donor and Independent Expenditure Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Amendment

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>10/01/2019</u>	
through <u>12/31/2019</u>	

Date Stamp	CALIFORNIA FORM 461
	1/3
	For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Name and Address Of Filer

NAME OF FILER
(Include name(s) of all affiliated entities whose contributions are included in this statement.)
Fresenius Medical Care

MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

N. Newton KS 67117
RESPONSIBLE OFFICER AREA CODE/DAYTIME PHONE
(If filer is other than an individual)

2. Nature and Interests of Filer (Complete each applicable section.)

A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS BUSINESS INTERESTS

ADDRESS OF EMPLOYER/BUSINESS

A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

Healthcare

A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary

(Amounts may be rounded to whole dollars.)

- Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 50100.00
- Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ 0.00
- Total expenditures and contributions made this period. (Add Lines 1 + 2.) **SUBTOTAL** \$ 50100.00
- Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) \$ 496100.00
- Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.).....**TOTAL** \$ 546200.00

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/13/2020 By Laura Ann Stephen
DATE SIGNATURE OF INDIVIDUAL DONOR OR RESPONSIBLE OFFICER IF OTHER THAN AN INDIVIDUAL

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INDEPENDENT EXPENDITURE COMMITTEE AND MAJOR DONOR COMMITTEE STATEMENT

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Fresenius Medical Care

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
10/02/2019	Joaquin Arambula for Assembly 2020 Sacramento CA 95814 ID: 1419440 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Joaquin Arambula State Assembly Person Assembly District NO: 31 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	2000.00	Calendar Year \$ <u>2000.00</u> Other \$ _____
10/02/2019	California Works Atkins Ballot Measure Committee Encinitas CA 92024 ID: 1357909 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		 NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	5000.00	Calendar Year \$ <u>15000.00</u> Other \$ _____
10/03/2019	California Works Atkins Ballot Measure Committee Encinitas CA 92024 ID: 1357909 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		 NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	10000.00	Calendar Year \$ <u>15000.00</u> Other \$ _____
10/03/2019	Californians for Jobs & a Strong Economy Sacramento CA 95814 ID: 1275549 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Californians for Jobs & a Strong Economy NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	15000.00	Calendar Year \$ <u>25000.00</u> Other \$ _____

SUBTOTAL \$

FPPC Form 461 (8/99)
For Technical Assistance: 916/322-5660

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12/23/2019	Steven Choi for Assembly 2020 Santa Ana CA 92704 ID: 1414740 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Steven Choi State Assembly Person Assembly District NO: 68 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	1700.00	Calendar Year \$ <u>4700.00</u> Other \$ _____
10/03/2019	Tom Daly for Assembly 2020 Sacramento CA 95814 ID: 1415111 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Tom Daly State Assembly Person Assembly District NO: 69 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	2000.00	Calendar Year \$ <u>6700.00</u> Other \$ _____
12/31/2019	Sylvia Rubio for Assembly 2020 Sacramento CA 95814 ID: 1423097 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Sylvia Rubio State Assembly Person Assembly District NO: 57 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	9400.00	Calendar Year \$ <u>9400.00</u> Other \$ _____
10/16/2019	Women in Power PAC Sacramento CA 95815 ID: 1326620 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Women in Power PAC NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	5000.00	Calendar Year \$ <u>5000.00</u> Other \$ _____
SUBTOTAL \$					50100.00	

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