

/11 CAP11UL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

Employer's Lobbying

Total Lobbying Expenses

THIS SPACE FOR OFFICE USE

	Expense	es	1/15	DA	TE	filed PDQ
Employer's Name (Use complete company, association, union or enti	ity name.)		L,		rrn	2 0 2018
Fresenius Medical Care North America					FEB	202010
Attention (Identify person to whom inquiries about the information	below should be directed, No	OT the lobbyi	st.)			, ,
Wendy Funk Schrag, LMSW, ACSW						
Mailing Address		Telephone				
625 Medical Center Drive		. (3	316) 841-52	45		
City State	Zip+4	E-Mail Addr		1_		rt Covers
Newton KS	67114	wendy.schrag	@fmo-na.con	1 2	017	
HIS REPORT MUST BE FILED BY THE <u>LAST DAY OF FEBRUARY</u> . • Washington State Legislature and/or any state agency. Complete all se				previous	calenda	r year for lobbying
Identify each of your lobbyists/lobbying firms below. In column 1, amount paid (plus obligated) for other lobbying related expenses that were contributions to legislative candidates, reimbursement for entertainment expenses incurred by or through lobbyists in the space designated.	made by or through the lobb	yist and repor	ted by the lobb	yist on th	ne monti	ıly L-2 report (e g ,
Names of Registered Lobbyists (if payments were to lobbying firm	ı, list firm name)	Col 1-	Salary	Col 2		Total Amount
ail Toraason McGaffick, Inc.	,	\$	43,500.00	Other	\$	43,500.00
		 		•	+	
felanie Stewart & Associates, LLC	-		24,000.00			24,000.00
	Total From Attached Page					······································
	Total From Attached Fage	L	67,500.00		-	\$67,500.00
Information continued on attached pages		Tota	al Expenses By	or Thro	ugh	\$67.500.00
into manual continues on anazires pages		· · · · · · · · · · · · · · · · · · ·		Lobby	ists	\$67,500.00
O <u>NOT</u> INCLUDE EXPENDITURES ALREADY ACCOUNTED FOR I	N ITEM 2 ABOVE when c	ompleting It	ems 3 through	7 below	•	
Other expenditures made by the employer for lobbying purposes. Sh	ow total expenditures mad	e/accrued:				
 to vendors on behalf of or in support of registered lobbyist 	ts (e.g., entertainment credit	card purchase	s),		\$	
b. to or on behalf of expert witnesses or others retained to provide lobbying services who offer specialized knowledge or expertise that assists the employer's lobbying effort;						
c for entertainment, tickets, passes, travel expenses (e.g., transportation, meals, lodging, etc.) and enrollment or course fees provided to legislators, state officials, state employees and members of their immediate families; (Also complete Item 9.)						
d. for composing, designing, producing and distributing informational materials for use primarily to influence legislation; and						
e. for grass roots lobbying expenses, including those previously reported by employer on Form L-6, and payments for lobbying communications to clients/customers (other than to corporate stockholders and members of an organization or union).						
Political contributions to candidates for legislative or statewide executive office, committees supporting or opposing these candidates, or committees supporting or opposing statewide ballot measures. (Also complete Item 10.)						
a Contributions made directly by the employer, including those previously reported on PDC Form L-3c.						
b. If contributions were made by a political committee associated, affiliated or sponsored by the employer, show the PAC name below. (Information reported by the PAC on C-4 reports need not be again included as part of this L-3 report.)						
Name of PAC				•		
Independent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also complete Item 11.)						
Expenditures to or on behalf of legislators, state officials, or their spouse, registered domestic partner and dependents for the purpose of influencing, honoring or benefiting the legislator or official. (Normal course of business payments are not reportable.) (Also complete Item 14.)						
Other lobbying-related expenditures, whether through or on behalf of a registered lobbyist. Attach list itemizing each expense (i.e., show date, recipient, purpose and amount). Do not include payments accounted for above.						

· ·		\$ 67,500.00	
		(Items 2 thru 7)	
 This report must be certified by the president, secretary-treasurer or similar 	r office of lobbying emplo	руст.	
Certification: I certify that this report is true, complete and correct to the best of	of my Signature of	f Employer Officer Date	
knowledge. Wendy Funk Schrag, LMSW, ACSW		•	,
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	110	10. A. Cart Shine	219/18
Printed Name and Title of Officer: Vice President, State Government Affairs	I W	HALL DING	4,110
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Page 2		L3	
Employer's Name	Year repor		" 1
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 Entertainment, tickets, passes, travel expenses (including transportation, mo state employees and members of their immediate families. See instruction manua 	ears, rooging, etc.) and em Il for details.	foliment or course fees provided to legislators, state officials,	,
Name and Title	Cost or Value	Date and Description of Expense	
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Information continued on attached pages			
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Contributions (not reported by the lobbyist) totaling over \$25 to a legislative	e or statewide executive o	office candidate, a committee formed to support or oppose one of	<u>-</u> 1
these candidates or a committee supporting or opposing a statewide ballot measur	e. Do not list employer-a	ffiliated PAC contributions	
Name of Recipient	Amount -	Date (and, if In-Kind, Description)	
Kevin Van De Wege, candidate for Senate	\$100.00	June 2016	ł
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Information continued on attached pages		<u> </u>	4
1. Independent expenditures in support of or opposition to a) a legislative or st	atewide executive office	candidate or b) a statewide ballot proposition.	ļ
See instruction manual for definition of "independent expenditure."			
Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description	Amount	Date and Description of Expense (Note if Support or Oppose)	
			ļ
•	\$		
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Information continued on attached pages			
2 Compensation of \$2,400 or more during the preceding calendar year for em	ployment or professional	services paid to state elected officials, successful candidates for]
state office and each member of their immediate family. Name Relationship to Candidate or	Amount (Code)**	Description of Consideration or Services Exchanged for	
Elected Official if Member of	Amount (Code)	Compensation	,
Family			
	·		
Information continued on attached pages		<u>L</u>	
Compensation of \$2,400 or more during the preceding calendar year for pro- entity in which state elected official, successful state candidate or member of their	fessional services paid to immediate family hold o	any corporation, partnership, joint venture, association or other	
more.			
Firm Name Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation	-
	1		
Information continued on attached pages			
Any expenditure, not otherwise reported, made directly or indirectly to a state	te elected official success	iful candidate for state office or member of their immediate	1
family, if made to honor, influence or benefit the person because of his or her office	ial position.	a memora of men miniculate	
Name	. Amount	Date and Purpose	
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CODE AMOUNT CODE AMOUNT

A-\$1 to \$4,499

D - \$48,000 to \$119,999

B - \$4,500 to \$23,999

E - \$120,000 or more

C - \$24,000 to \$47,999

INFORMATION CONTINUED

(Use this page if you need additional space for Items 2 or 9) Year report covers:

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	Total Fron	n This Page		<u> </u>	
		 			
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Emplo	(Use this page if you need additional space over's Name		report covers:	7	
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10.	Contributions			1	
	Name of Recipient	Amount	Date (and, if In-Kind, Description)		
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11.	Independent expenditures				
B	Candidate's Name, Office Sought & Party or allot Proposition Number & Brief Description -	Amount	Date and Description of Expense (Note if Support or Oppose).	The state of the s	
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INFORMATION CONTINUED

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(Use this page if you need additional space for Items 12 thru 14)

Employer's	Ose uns page it you need additional sp Name			
Employer's Name Year report covers:				
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	empensation of \$2,400 or more for emp	oloyment, etc.	,	
Name	Relationship to Candidate or Elected Official if Member of Family	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation	
			,	
13Co	mpensation of \$2,400 or more for prof	ereionel services		
Firm Name		the second secon		
rum rvame	reson s Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation	
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14. An	y expenditure not otherwise reported			
,	Name	Amount	Date and Purpose	
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CODE AMOUNT CODE AMOUNT

A - \$1 to \$4,499

D - \$48,000 to \$119,999

B - \$4,500 to \$23,999

E - \$120,000 or more

C - \$24,000 to \$47,999