

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		12020.24
(b) Cash on Hand at Beginning of Reporting Period.....	16203.06	
(c) Total Receipts (from Line 19)	8493.65	18787.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	24696.71	30807.46
7. Total Disbursements (from Line 31).....	18543.70	24654.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6153.01	6153.01
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:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: / / To: / /

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).....	5741.28	13246.64
(ii) Unitemized	2752.37	5540.58
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8493.65	18787.22
(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)	8493.65	18787.22
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))..... ▶	8493.65	18787.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8493.65	18787.22

DETAILED SUMMARY PAGE
of Disbursements

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	43.70	154.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	43.70	154.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	24500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	18543.70	24654.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18543.70	24654.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	8493.65	18787.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8493.65	18787.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	43.70	154.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	43.70	154.45

**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 6 OF 14
<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 North America PAC

Full Name (Last, First, Middle Initial) A. Fred Christadore		Date of Receipt MM / DD / YYYY 02 / 24 / 2012 Transaction ID : 6206911
Mailing Address 8 King Rd		Amount of Each Receipt this Period 275.00
City Rockleigh	State NJ	Zip Code 07647-2500
FEC ID number of contributing federal political committee. C		
Name of Employer Fresenius Medical Care NA	Occupation Senior Manager EH & S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Eric Bishop		Date of Receipt MM / DD / YYYY 02 / 27 / 2012 Transaction ID : 6208817
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 2500.00
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C		
Name of Employer Fresenius Medical Care NA	Occupation Vice Pres, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Douglas G. Kott		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : PR7883583089
Mailing Address 211 Claybook Rd.		Amount of Each Receipt this Period 384.62
City Dover	State MA	Zip Code 02030-2008
FEC ID number of contributing federal political committee. C		
Name of Employer Fresenius Medical Care NA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.24	P/R Deduction (\$384.62 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	3159.62
TOTAL This Period (last page this line number only).....▶	

**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 7 OF 14
<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 North America PAC

A. Nicholas Brownlee
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Deer Grass Ln
 City Acton State MA Zip Code 01720-4755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation President SRM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt 02 / 29 / 2012
Transaction ID : PR7883653089
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$384.62 Monthly)

B. Claire Callahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Winter St
 City Waltham State MA Zip Code 02451-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation SVP Human Resources & Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 02 / 29 / 2012
Transaction ID : PR7883703089
 Amount of Each Receipt this Period 330.00
 P/R Deduction (\$330.00 Monthly)

C. Robert McGorty
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Walter Circle
 City Westford State MA Zip Code 01886-4533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation VP Finance & Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 02 / 29 / 2012
Transaction ID : PR7883773089
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$230.76 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	945.38
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)
A. Terry O Gilpin

Mailing Address 4631 Woodland Corporate Blvd Suite
Suite 113

City Tampa State FL Zip Code 33614-2414

FEC ID number of contributing federal political committee. **C**

Name of Employer Fresenius Medical Care NA Occupation President DSD North Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.68

Date of Receipt
02 / 29 / 2012
Transaction ID : PR7883953089

Amount of Each Receipt this Period
153.84

P/R Deduction (\$153.84 Monthly)

Full Name (Last, First, Middle Initial)
B. Deborah Harvey

Mailing Address 1602 Hampton Oaks Bnd

City Marietta State GA Zip Code 30066-4451

FEC ID number of contributing federal political committee. **C**

Name of Employer Fresenius Medical Care NA Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
02 / 29 / 2012
Transaction ID : PR7883973089

Amount of Each Receipt this Period
300.00

P/R Deduction (\$300.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Donna McCarthy

Mailing Address 34 Warren St

City Wellfleet State MA Zip Code 02667-8527

FEC ID number of contributing federal political committee. **C**

Name of Employer Fresenius Medical Care NA Occupation West Division President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.52

Date of Receipt
02 / 29 / 2012
Transaction ID : PR7883993089

Amount of Each Receipt this Period
230.76

P/R Deduction (\$230.76 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	684.60
TOTAL This Period (last page this line number only).....▶	

**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 9 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fresenius Medical Care North America PAC

A. Liam Walsh
Full Name (Last, First, Middle Initial)

Mailing Address 5809 Chatham Ln

City The Colony State TX Zip Code 75056-7109

FEC ID number of contributing federal political committee. **C**

Name of Employer Fresenius Medical Care NA Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **268.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : PR7884003089

Amount of Each Receipt this Period
134.00

P/R Deduction (\$134.00 Monthly)

B. Kim Sonnen
Full Name (Last, First, Middle Initial)

Mailing Address 240 S Madison St

City Denver State CO Zip Code 80209-3010

FEC ID number of contributing federal political committee. **C**

Name of Employer Fresenius Medical Care NA Occupation SVP Marketing & Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : PR7884013089

Amount of Each Receipt this Period
260.00

P/R Deduction (\$260.00 Monthly)

C. Steven P Covino
Full Name (Last, First, Middle Initial)

Mailing Address 6 Williams Street

City Waltham State MA Zip Code 02453-4131

FEC ID number of contributing federal political committee. **C**

Name of Employer Fresenius Medical Care NA Occupation Benefits Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : PR7884953089

Amount of Each Receipt this Period
173.08

P/R Deduction (\$173.08 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **567.08**

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

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

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

FOR LINE NUMBER: PAGE 10 OF 14
(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 North America PAC

A. Full Name (Last, First, Middle Initial)
Charles Michael Lynch

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

FEC ID number of contributing federal political committee. **C**

Name of Employer Fresenius Medical Care NA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012

Transaction ID : PR8584883089

Amount of Each Receipt this Period
384.60

P/R Deduction (\$384.60 Monthly)

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	384.60
TOTAL This Period (last page this line number only).....▶	5741.28

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 North America PAC

Full Name (Last, First, Middle Initial)

A. Tom Reed for Congress

Mailing Address 221 Washington Street

City Corning State NY Zip Code 14830

Purpose of Disbursement
Direct Contribution

Candidate Name

Rep. Tom Reed

Office Sought: House
 Senate
 President
State: NY District: 29

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 6155484

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Becerra for Congress

Mailing Address PO Box 116

City Hyattsville State MD Zip Code 20781-0116

Purpose of Disbursement
Stop Payment - Becerra for Congress

Candidate Name

Xavier Becerra

Office Sought: House
 Senate
 President
State: CA District: 31

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 6159313

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Stop Payment - Becerra for Congress

Full Name (Last, First, Middle Initial)

C. Becerra for Congress

Mailing Address PO Box 116

City Hyattsville State MD Zip Code 20781-0116

Purpose of Disbursement
Direct Contribution

Candidate Name

Xavier Becerra

Office Sought: House
 Senate
 President
State: CA District: 31

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 6161389

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Direct Contribution

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

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 North America PAC

Full Name (Last, First, Middle Initial)

A. Berkley for Senate

Mailing Address 3069 CONQUISTA COURT

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Ms. Shelley Berkley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2012

Transaction ID : 6163084

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Berkley for Senate

Mailing Address 3069 CONQUISTA COURT

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Ms. Shelley Berkley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2012

Transaction ID : 6163107

Amount of Each Disbursement this Period

3000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Capuano for Congress Committee

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Michael Capuano

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 08

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2012

Transaction ID : 6163110

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

5500.00

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 North America PAC

Full Name (Last, First, Middle Initial)

A. Friends of Mark Warner

Mailing Address 417 New Jersey Ave SE

City Washington State DC Zip Code 20003-4007

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Mark Warner

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: VA District:

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2012

Transaction ID : 6198123

Amount of Each Disbursement this Period

4000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Mark Warner

Mailing Address 417 New Jersey Ave SE

City Washington State DC Zip Code 20003-4007

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Mark Warner

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: VA District:

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2012

Transaction ID : 6198124

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Stabenow for U.S. Senate

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826-5839

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Debbie Stabenow

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MI District:

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2012

Transaction ID : 6198746

Amount of Each Disbursement this Period

3000.00

Direct Contribution

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

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

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 North America PAC

Full Name (Last, First, Middle Initial)

A. Bill Nelson For U S Senate

Mailing Address 972 W Whitmire Drive

City Melbourne State FL Zip Code 32935

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Sen. Bill Nelson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : 6198747

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Freedom Fund

Mailing Address 701 8th Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Freedom Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : 6217515

Amount of Each Disbursement this Period

3000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

4000.00

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

18500.00