

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Fresenius Medical Care North America PAC

ADDRESS (number and street) 801 Pennsylvania Avenue, NW
Suite 255
 Check if different than previously reported. (ACC)
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly 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) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 2010

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 Kathleen Smith

Signature of Treasurer Electronically Filed by Kathleen Smith Date 01 10 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Fresenius Medical Care North America PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		7329.72
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	3819.91									
(c) Total Receipts (from Line 19)	8718.36	88616.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12538.27	95945.80								
7. Total Disbursements (from Line 31)	4535.00	87942.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8003.27	8003.27								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Fresenius Medical Care North America PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	8021.16	77205.92
(ii) Unitemized	697.20	11410.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8718.36	88616.08
(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)	8718.36	88616.08
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 Transfer (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))	8718.36	88616.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8718.36	88616.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	35.00	942.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	35.00	942.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	87000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	4535.00	87942.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4535.00	87942.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 31

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)	8718.36	88616.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8718.36	88616.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35.00	942.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35.00	942.53

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 31
(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

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

A.

Full Name (Last, First, Middle Initial)
John R Barr

Mailing Address 14326 South Gary Avenue

City State Zip Code
Bixby OK 74008-8032

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

Name of Employer Occupation
Fresenius Medical Care NA Manager, Field Service & Train

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: 10110.C2593

Amount of Each Receipt this Period
30.00

Receipt

Payroll Deduction: (30.00- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
John R Barr

Mailing Address 14326 South Gary Avenue

City State Zip Code
Bixby OK 74008-8032

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

Name of Employer Occupation
Fresenius Medical Care NA Manager, Field Service & Train

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 10110.C2688

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Charles E Brown

Mailing Address 4640 Glen Coe Street

City State Zip Code
Leesburg FL 34748-2304

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

Name of Employer Occupation
Fresenius Medical Care NA Clinical Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: 10110.C2645

Amount of Each Receipt this Period
60.00

Receipt

Payroll Deduction: (60.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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 7 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charles E Brown

Mailing Address 4640 Glen Coe Street

City State Zip Code
Leesburg FL 34748-2304

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

Name of Employer Occupation
Fresenius Medical Care NA Clinical Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 10110.C2731

Amount of Each Receipt this Period
40.00

Receipt

Payroll Deduction: (40.00- /Pay Period)

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

Mailing Address 12 Deer Grass Ln

City State Zip Code
Acton MA 01720-4755

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

Name of Employer Occupation
Fresenius Medical Care NA President SRM

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: 10110.C2607

Amount of Each Receipt this Period
576.93

Receipt

Payroll Deduction: (576.9- 3/Pay Period)

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

Mailing Address 12 Deer Grass Ln

City State Zip Code
Acton MA 01720-4755

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

Name of Employer Occupation
Fresenius Medical Care NA President SRM

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 961.55

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 10110.C2702

Amount of Each Receipt this Period
192.31

Receipt

Payroll Deduction: (192.3- 1/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **809.24**

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 8 / 31
	<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.	Full Name (Last, First, Middle Initial) Claire Callahan		Date of Receipt
	Mailing Address 920 Winter St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Waltham	MA	02451-1521
	FEC ID number of contributing federal political committee. C		Transaction ID: 10110.C2598
Name of Employer Fresenius Medical Care NA		Occupation SVP Human Resources & Admin	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 495.00
		<input type="text"/> 3300.00	Receipt
			Payroll Deduction: (495.0-0/Pay Period)

B.	Full Name (Last, First, Middle Initial) Claire Callahan		Date of Receipt
	Mailing Address 920 Winter St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Waltham	MA	02451-1521
	FEC ID number of contributing federal political committee. C		Transaction ID: 10110.C2693
Name of Employer Fresenius Medical Care NA		Occupation SVP Human Resources & Admin	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 330.00
		<input type="text"/> 3630.00	Receipt
			Payroll Deduction: (330.0-0/Pay Period)

C.	Full Name (Last, First, Middle Initial) David Carter		Date of Receipt
	Mailing Address 5215 Wiltonwood Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Indianapolis	IN	46254-9665
	FEC ID number of contributing federal political committee. C		Transaction ID: 10110.C2658
Name of Employer Fresenius Medical Care NA		Occupation VP Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 195.00
		<input type="text"/> 1560.00	Receipt
			Payroll Deduction: (195.0-0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1020.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 31
	<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) David Carter	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 5215 Wiltonwood Ct	Transaction ID: 10110.C2744
	City State Zip Code Indianapolis IN 46254-9665	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA VP Operations	Payroll Deduction: (130.0-0/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1690.00	

B.	Full Name (Last, First, Middle Initial) Joseph J Casarano, Jr.	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 12 Murdock Road	Transaction ID: 10110.C2599
	City State Zip Code Stoneham MA 02180-1521	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA Operations Audit Manager	Payroll Deduction: (24.00-/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 192.00	

C.	Full Name (Last, First, Middle Initial) Joseph J Casarano, Jr.	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 12 Murdock Road	Transaction ID: 10110.C2694
	City State Zip Code Stoneham MA 02180-1521	Amount of Each Receipt this Period 16.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA Operations Audit Manager	Payroll Deduction: (16.00-/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

SUBTOTAL of Receipts This Page (optional)	▶	170.00
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 10 / 31
	<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) Steven P Covino	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 6 Williams Street	Transaction ID: 10110.C2603
	City State Zip Code Waltham MA 02453-4131	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (57.69- /Pay Period)
Name of Employer Fresenius Medical Care NA	Occupation Director of Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

B.	Full Name (Last, First, Middle Initial) Steven P Covino	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 6 Williams Street	Transaction ID: 10110.C2698
	City State Zip Code Waltham MA 02453-4131	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (38.46- /Pay Period)
Name of Employer Fresenius Medical Care NA	Occupation Director of Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

C.	Full Name (Last, First, Middle Initial) Cesar Del Valle	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 7834 Mainland Woods	Transaction ID: 10110.C2614
	City State Zip Code San Antonio TX 78250-6022	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (24.00- /Pay Period)
Name of Employer Fresenius Medical Care NA	Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 192.00	

SUBTOTAL of Receipts This Page (optional)	120.15
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Cesar Del Valle

Mailing Address 7834 Mainland Woods

City San Antonio State TX Zip Code 78250-6022

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

Name of Employer: Fresenius Medical Care NA Occupation: Director of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: 10110.C2709
Amount of Each Receipt this Period: 16.00
Receipt
Payroll Deduction: (16.00- /Pay Period)

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

Mailing Address 801 Pennsylvania Ave NW Suite 225

City Washington State DC Zip Code 20004-2604

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

Name of Employer: Fresenius Medical Care NA Occupation: Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt: 11 / 30 / 2010
Transaction ID: 10110.C2613
Amount of Each Receipt this Period: 57.69
Receipt
Payroll Deduction: (57.69- /Pay Period)

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

Mailing Address 801 Pennsylvania Ave NW Suite 225

City Washington State DC Zip Code 20004-2604

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

Name of Employer: Fresenius Medical Care NA Occupation: Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 12 / 31 / 2010
Transaction ID: 10110.C2708
Amount of Each Receipt this Period: 38.46
Receipt
Payroll Deduction: (38.46- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 112.15

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 12 / 31

(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)
Carol A Ernst

Mailing Address 22370 N 64th Ave

City State Zip Code
Glendale AZ 85310-4259

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

Name of Employer Occupation
Fresenius Medical Care NA Area Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 923.04

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: 10110.C2608

Amount of Each Receipt this Period

115.38

Receipt

Payroll Deduction: (115.3-8/Pay Period)

B.

Full Name (Last, First, Middle Initial)
Carol A Ernst

Mailing Address 22370 N 64th Ave

City State Zip Code
Glendale AZ 85310-4259

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

Name of Employer Occupation
Fresenius Medical Care NA Area Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 10110.C2703

Amount of Each Receipt this Period

76.92

Receipt

Payroll Deduction: (76.92-/Pay Period)

C.

Full Name (Last, First, Middle Initial)
Mark R Fawcett

Mailing Address 100 Franklin Street

City State Zip Code
Arlington MA 02474-3214

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

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1512.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: 10110.C2661

Amount of Each Receipt this Period

114.00

Receipt

Payroll Deduction: (114.0-0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

306.30

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 13 / 31
(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)
Mark R Fawcett

Mailing Address 100 Franklin Street

City State Zip Code
Arlington MA 02474-3214

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

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1588.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 10110.C2747

Amount of Each Receipt this Period
76.00

Receipt

Payroll Deduction: (76.00- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Deborah A. Forshee

Mailing Address 100 Galleria Pkwy SE Suite 500

City State Zip Code
Atlanta GA 30339-3179

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

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: 10110.C2681

Amount of Each Receipt this Period
230.76

Receipt

Payroll Deduction: (230.7- 6/Pay Period)

C.

Full Name (Last, First, Middle Initial)
Deborah A. Forshee

Mailing Address 100 Galleria Pkwy SE Suite 500

City State Zip Code
Atlanta GA 30339-3179

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

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 10110.C2767

Amount of Each Receipt this Period
153.84

Receipt

Payroll Deduction: (153.8- 4/Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶ **460.60**

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: PAGE 14 / 31
(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) James Freedman		Date of Receipt <table border="1" style="font-size: small; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	3	0	/	2	0	1	0													
Mailing Address 269 Rolling Meadow		Transaction ID: 10110.C2612																				
City Holliston	State MA	Zip Code 01746-1521																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>120.00</td></tr> </table>	120.00																			
120.00																						
Name of Employer Fresenius Medical Care NA	Occupation VP Leadership & Prof Dev	Receipt																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>960.00</td></tr> </table>	960.00	Payroll Deduction: (120.0- 0/Pay Period)																			
960.00																						

B.

Full Name (Last, First, Middle Initial) James Freedman		Date of Receipt <table border="1" style="font-size: small; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	3	1	/	2	0	1	0													
Mailing Address 269 Rolling Meadow		Transaction ID: 10110.C2707																				
City Holliston	State MA	Zip Code 01746-1521																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>80.00</td></tr> </table>	80.00																			
80.00																						
Name of Employer Fresenius Medical Care NA	Occupation VP Leadership & Prof Dev	Receipt																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>1040.00</td></tr> </table>	1040.00	Payroll Deduction: (80.00- /Pay Period)																			
1040.00																						

C.

Full Name (Last, First, Middle Initial) Wendy Funk Schrag		Date of Receipt <table border="1" style="font-size: small; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	3	0	/	2	0	1	0													
Mailing Address 625 Medical Center Dr		Transaction ID: 10110.C2672																				
City Newton	State KS	Zip Code 67114-8780																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>30.00</td></tr> </table>	30.00																			
30.00																						
Name of Employer Fresenius Medical Care NA	Occupation Director, Advocacy & Gov Affai	Receipt																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>240.00</td></tr> </table>	240.00	Payroll Deduction: (30.00- /Pay Period)																			
240.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td>230.00</td></tr></table>	230.00
230.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

**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 15 / 31
	<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) Wendy Funk Schrag		Date of Receipt
	Mailing Address 625 Medical Center Dr		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Newton	KS	67114-8780
	FEC ID number of contributing federal political committee. C		Transaction ID: 10110.C2758
Name of Employer Fresenius Medical Care NA		Occupation Director, Advocacy & Gov Affai	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	<input type="text" value="20.00"/>
			Receipt
			Payroll Deduction: (20.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Balaji Gandhi		Date of Receipt
	Mailing Address 920 Winter St		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Waltham	MA	02451-1521
	FEC ID number of contributing federal political committee. C		Transaction ID: 10110.C2682
Name of Employer Fresenius Medical Care NA		Occupation VP Govt & External Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	<input type="text" value="150.00"/>
			Receipt
			Payroll Deduction: (150.0- 0/Pay Period)

C.	Full Name (Last, First, Middle Initial) Balaji Gandhi		Date of Receipt
	Mailing Address 920 Winter St		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Waltham	MA	02451-1521
	FEC ID number of contributing federal political committee. C		Transaction ID: 10110.C2768
Name of Employer Fresenius Medical Care NA		Occupation VP Govt & External Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1300.00"/>	<input type="text" value="100.00"/>
			Receipt
			Payroll Deduction: (100.0- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="270.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 31
(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) Terry O Gilpin		Date of Receipt MM / DD / YYYY 11 / 30 / 2010
Mailing Address 4631 Woodland Corporate Blvd Suite 113		Transaction ID: 10110.C2642
City Tampa	State FL	Zip Code 33614-2414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
Name of Employer Fresenius Medical Care NA	Occupation President DSD North Ops	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	Payroll Deduction: (230.7- 6/Pay Period)

B.

Full Name (Last, First, Middle Initial) Terry O Gilpin		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 4631 Woodland Corporate Blvd Suite 113		Transaction ID: 10110.C2729
City Tampa	State FL	Zip Code 33614-2414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.84
Name of Employer Fresenius Medical Care NA	Occupation President DSD North Ops	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	Payroll Deduction: (153.8- 4/Pay Period)

C.

Full Name (Last, First, Middle Initial) Kimberly Grelle-Swint		Date of Receipt MM / DD / YYYY 11 / 30 / 2010
Mailing Address 6100 Bandera Rd Suite 600		Transaction ID: 10110.C2673
City San Antonio	State TX	Zip Code 78238-1667
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.69
Name of Employer Fresenius Medical Care NA	Occupation Regional Director of Education	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	Payroll Deduction: (57.69- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	442.29
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 17 / 31

(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) Kimberly Grelle-Swint		Date of Receipt																				
	Mailing Address 6100 Bandera Rd Suite 600		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	3	1	/	2	0	1	0													
	City	State	Zip Code																				
San Antonio	TX	78238-1667																					
FEC ID number of contributing federal political committee. C		Transaction ID: 10110.C2759																					
Name of Employer Fresenius Medical Care NA		Occupation Regional Director of Education	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 499.98	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>38.46</td></tr></table>																				38.46
									38.46														
		Receipt																					
		Payroll Deduction: (38.46- /Pay Period)																					

B.	Full Name (Last, First, Middle Initial) K. Brett Heiner		Date of Receipt																				
	Mailing Address 874 West 1145 North		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	1	/	3	0	/	2	0	1	0													
	City	State	Zip Code																				
West Point	UT	84015-8876																					
FEC ID number of contributing federal political committee. C		Transaction ID: 10110.C2618																					
Name of Employer Fresenius Medical Care NA		Occupation Distribution Center Manager II	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>30.00</td></tr></table>																				30.00
									30.00														
		Receipt																					
		Payroll Deduction: (30.00- /Pay Period)																					

C.	Full Name (Last, First, Middle Initial) K. Brett Heiner		Date of Receipt																				
	Mailing Address 874 West 1145 North		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	3	1	/	2	0	1	0													
	City	State	Zip Code																				
West Point	UT	84015-8876																					
FEC ID number of contributing federal political committee. C		Transaction ID: 10110.C2713																					
Name of Employer Fresenius Medical Care NA		Occupation Distribution Center Manager II	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>20.00</td></tr></table>																				20.00
									20.00														
		Receipt																					
		Payroll Deduction: (20.00- /Pay Period)																					

SUBTOTAL of Receipts This Page (optional)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>88.46</td></tr></table>																				88.46
									88.46												
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				

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

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

FOR LINE NUMBER: PAGE 18 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Matthew D Kinser

Mailing Address 750 Old Hickory Blvd
Suite 230

City State Zip Code
Brentwood TN 37027-4528

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

Name of Employer Occupation
Fresenius Medical Care NA VP Managed Care

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 923.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: 10110.C2622

Amount of Each Receipt this Period
115.38

Receipt
Payroll Deduction: (115.3-8/Pay Period)

B. Full Name (Last, First, Middle Initial)
Matthew D Kinser

Mailing Address 750 Old Hickory Blvd
Suite 230

City State Zip Code
Brentwood TN 37027-4528

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

Name of Employer Occupation
Fresenius Medical Care NA VP Managed Care

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 999.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 10110.C2715

Amount of Each Receipt this Period
76.92

Receipt
Payroll Deduction: (76.92-/Pay Period)

C. Full Name (Last, First, Middle Initial)
Douglas G. Kott

Mailing Address 211 Claybook Rd.

City State Zip Code
Dover MA 02030-2008

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

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3653.89

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: 10110.C2601

Amount of Each Receipt this Period
576.93

Receipt
Payroll Deduction: (576.9-3/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **769.23**

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 19 / 31
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Douglas G. Kott

Mailing Address 211 Claybook Rd.

City State Zip Code
Dover MA 02030-2008

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

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.51

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 10110.C2696

Amount of Each Receipt this Period
384.62

Receipt

Payroll Deduction: (384.6-2/Pay Period)

B.

Full Name (Last, First, Middle Initial)
George J Kyte

Mailing Address 6 Liberty Street

City State Zip Code
Andover MA 01810

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

Name of Employer Occupation
Fresenius Medical Care NA Mgr Tax Admin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 192.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: 10110.C2624

Amount of Each Receipt this Period
24.00

Receipt

Payroll Deduction: (24.00-/Pay Period)

C.

Full Name (Last, First, Middle Initial)
George J Kyte

Mailing Address 6 Liberty Street

City State Zip Code
Andover MA 01810

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

Name of Employer Occupation
Fresenius Medical Care NA Mgr Tax Admin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 10110.C2716

Amount of Each Receipt this Period
16.00

Receipt

Payroll Deduction: (16.00-/Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶ **424.62**

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: PAGE 20 / 31
(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)
Wm Gary Livesay

Mailing Address 520 10th Avenue South

City State Zip Code
Surfside Beach MA 29575-3213

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

Name of Employer Occupation
Fresenius Medical Care NA Area Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 10110.C2649

Amount of Each Receipt this Period
30.00

Receipt

Payroll Deduction: (30.00- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Wm Gary Livesay

Mailing Address 520 10th Avenue South

City State Zip Code
Surfside Beach MA 29575-3213

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

Name of Employer Occupation
Fresenius Medical Care NA Area Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 10110.C2735

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

C.

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

Mailing Address 34 Warren St

City State Zip Code
Wellfleet MA 02667-8527

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

Name of Employer Occupation
Fresenius Medical Care NA West Division President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 461.52

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 10110.C2591

Amount of Each Receipt this Period
346.14

Receipt

Payroll Deduction: (346.1-4 /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **396.14**

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 21 / 31
(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)
Donna McCarthy

Mailing Address 34 Warren St

City State Zip Code
Wellfleet MA 02667-8527

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

Name of Employer Occupation
Fresenius Medical Care NA West Division President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 10110.C2686

Amount of Each Receipt this Period
115.38

Receipt

Payroll Deduction: (115.3-8/Pay Period)

B.

Full Name (Last, First, Middle Initial)
Robert McGorty

Mailing Address 2 Walter Circle

City State Zip Code
Westford MA 01886-4533

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

Name of Employer Occupation
Fresenius Medical Care NA VP Finance & Admin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2769.12

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 10110.C2629

Amount of Each Receipt this Period
346.14

Receipt

Payroll Deduction: (346.1-4/Pay Period)

C.

Full Name (Last, First, Middle Initial)
Robert McGorty

Mailing Address 2 Walter Circle

City State Zip Code
Westford MA 01886-4533

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

Name of Employer Occupation
Fresenius Medical Care NA VP Finance & Admin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2999.88

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 10110.C2719

Amount of Each Receipt this Period
230.76

Receipt

Payroll Deduction: (230.7-6/Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶ **692.28**

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 22 / 31

(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)
Judith Moran

Mailing Address 2201 South Clinton Ave
2nd Floor

City State Zip Code
South Plainfield NJ 07080-1473

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Fresenius Medical Care NA Regional Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 10110.C2602

Amount of Each Receipt this Period 57.69

Receipt

Payroll Deduction: (57.69- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Judith Moran

Mailing Address 2201 South Clinton Ave
2nd Floor

City State Zip Code
South Plainfield NJ 07080-1473

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Fresenius Medical Care NA Regional Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 10110.C2697

Amount of Each Receipt this Period 38.46

Receipt

Payroll Deduction: (38.46- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Jessica Orlando

Mailing Address 93 Russell Street

City State Zip Code
Waltham MA 02453-8510

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.72

Date of Receipt MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 10110.C2662

Amount of Each Receipt this Period 34.59

Receipt

Payroll Deduction: (34.59- /Pay Period)

SUBTOTAL of Receipts This Page (optional) 130.74

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 23 / 31
(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)
Jessica Orlando

Mailing Address 93 Russell Street

City State Zip Code
Waltham MA 02453-8510

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

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.78

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 10110.C2748

Amount of Each Receipt this Period
23.06

Receipt

Payroll Deduction: (23.06- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Donna M Painter

Mailing Address 105 W 7th Avenue Suite 1000

City State Zip Code
Corsicana TX 75110-6449

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

Name of Employer Occupation
Fresenius Medical Care NA Regional VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: 10110.C2631

Amount of Each Receipt this Period
45.00

Receipt

Payroll Deduction: (45.00- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Donna M Painter

Mailing Address 105 W 7th Avenue Suite 1000

City State Zip Code
Corsicana TX 75110-6449

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

Name of Employer Occupation
Fresenius Medical Care NA Regional VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 10110.C2721

Amount of Each Receipt this Period
30.00

Receipt

Payroll Deduction: (30.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **98.06**

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 24 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Pauline Perry
Mailing Address 1153 E Windsor Drive
City State Zip Code
Gilbert AZ 85296-4260
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Fresenius Medical Care NA Regional Quality Manager
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 184.80
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0
Transaction ID: 10110.C2633
Amount of Each Receipt this Period
23.10
Receipt
Payroll Deduction: (23.10- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Pauline Perry
Mailing Address 1153 E Windsor Drive
City State Zip Code
Gilbert AZ 85296-4260
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Fresenius Medical Care NA Regional Quality Manager
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.20
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0
Transaction ID: 10110.C2722
Amount of Each Receipt this Period
15.40
Receipt
Payroll Deduction: (15.40- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Brian Riddle
Mailing Address 8 Brookside Ct
City State Zip Code
Methuen MA 01844-1245
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Fresenius Medical Care NA Dir Compliance Audits
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 461.52
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0
Transaction ID: 10110.C2636
Amount of Each Receipt this Period
57.69
Receipt
Payroll Deduction: (57.69- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **96.19**
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 25 / 31
(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)
Brian Riddle

Mailing Address 8 Brookside Ct

City State Zip Code
Methuen MA 01844-1245

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

Name of Employer Occupation
Fresenius Medical Care NA Dir Compliance Audits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 10110.C2724

Amount of Each Receipt this Period
38.46

Receipt

Payroll Deduction: (38.46- /Pay Period)

B.

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

Mailing Address 240 S Madison St

City State Zip Code
Denver CO 80209-3010

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3120.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 10110.C2638

Amount of Each Receipt this Period
390.00

Receipt

Payroll Deduction: (390.0-0 /Pay Period)

C.

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

Mailing Address 240 S Madison St

City State Zip Code
Denver CO 80209-3010

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3380.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 10110.C2726

Amount of Each Receipt this Period
260.00

Receipt

Payroll Deduction: (260.0-0 /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **688.46**

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 26 / 31
(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)
Barbara B St. Louis

Mailing Address 920 Winter St

City State Zip Code
Waltham MA 02451-1521

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

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 10110.C2683

Amount of Each Receipt this Period
36.00

Receipt

Payroll Deduction: (36.00- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Barbara B St. Louis

Mailing Address 920 Winter St

City State Zip Code
Waltham MA 02451-1521

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

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 10110.C2769

Amount of Each Receipt this Period
24.00

Receipt

Payroll Deduction: (24.00- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Kathleen Stearns

Mailing Address 26 Hillside Rd

City State Zip Code
Plainville MA 02762-2247

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

Name of Employer Occupation
Fresenius Medical Care NA Sr. Insurance Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 198.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 10110.C2597

Amount of Each Receipt this Period
24.75

Receipt

Payroll Deduction: (24.75- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **84.75**

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 27 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kathleen Stearns
Mailing Address 26 Hillside Rd
City Plainville State MA Zip Code 02762-2247
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Sr. Insurance Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 214.50
Date of Receipt 12 / 31 / 2010
Transaction ID: 10110.C2692
Amount of Each Receipt this Period 16.50
Receipt
Payroll Deduction: (16.50- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Liam Walsh
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 ▼ 1608.00
Date of Receipt 11 / 30 / 2010
Transaction ID: 10110.C2643
Amount of Each Receipt this Period 201.00
Receipt
Payroll Deduction: (201.0- 0/Pay Period)

C. Full Name (Last, First, Middle Initial)
Liam Walsh
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 ▼ 1742.00
Date of Receipt 12 / 31 / 2010
Transaction ID: 10110.C2730
Amount of Each Receipt this Period 134.00
Receipt
Payroll Deduction: (134.0- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 351.50
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 28 / 31
	(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"/> 15
<input type="checkbox"/> 12	<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) Jeffrey West		Date of Receipt MM / DD / YYYY 11 / 30 / 2010
Mailing Address 401 Plymouth Road Suite 500		Transaction ID: 10110.C2684
City Plymouth Meeting	State PA	Zip Code 19462-1726
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Fresenius Medical Care NA	Occupation VP Managed Care	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	Payroll Deduction: (90.00- /Pay Period)

B.

Full Name (Last, First, Middle Initial) Jeffrey West		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 401 Plymouth Road Suite 500		Transaction ID: 10110.C2770
City Plymouth Meeting	State PA	Zip Code 19462-1726
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Fresenius Medical Care NA	Occupation VP Managed Care	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	Payroll Deduction: (60.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	8021.16

**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)

PAGE 29 / 31

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

A.

Full Name (Last, First, Middle Initial)
Comerica Bank

Mailing Address PO Box 75000

City State Zip Code
Detroit MI 48275-0001

Purpose of Disbursement
Bank Service Charge

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 10110.E230

Date of Disbursement

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

Amount of Each Disbursement this Period

35.00

BANK SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional)

35.00

TOTAL This Period (last page this line number only)

35.00

**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

<p>A. Full Name (Last, First, Middle Initial) Hurt for Congress</p> <p>Mailing Address PO Box 2</p> <p>City Chatham State VA Zip Code 24531-</p> <p>Purpose of Disbursement DEBT RETIREMENT</p> <p>Candidate Name ROBERT HURT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10110.E231</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DEBT RETIREMENT</p>
<p>B. Full Name (Last, First, Middle Initial) Labrador for Idaho</p> <p>Mailing Address PO Box 1616</p> <p>City Boise State ID Zip Code 83701-</p> <p>Purpose of Disbursement DEBT RETIREMENT</p> <p>Candidate Name RAUL RAFAEL LABRADOR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ID District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10110.E234</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DEBT RETIREMENT</p>
<p>C. Full Name (Last, First, Middle Initial) Nelson 2012</p> <p>Mailing Address 420 C Street NE</p> <p>City Washington State DC Zip Code 20002-5818</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name E BENJAMIN NELSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10110.E232</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

PAGE 31 / 31

<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

A.	Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: 10110.E233 Date of Disbursement
	Mailing Address 420 C Street NE	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20002-5818	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
	Purpose of Disbursement DIRECT CONTRIBUTION	DIRECT CONTRIBUTION
	Candidate Name E BENJAMIN NELSON	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)