

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

**Fresenius Medical Care North America PAC**

ADDRESS (number and street) 801 Pennsylvania Avenue, NW

Check if different than previously reported. (ACC) Suite 255

Washington DC 20004

2. **FEC IDENTIFICATION NUMBER ▼** C00401299 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input checked="" type="checkbox"/> Jan 31 (YE)                |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 12 / 01 / 2011 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2011

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 Eric Bishop

Signature of Treasurer

*Eric Bishop*

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y 01 / 11 / 2012

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									
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**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="2011"/>		8003.27
(b) Cash on Hand at Beginning of Reporting Period.....	12952.08	
(c) Total Receipts (from Line 19) .....	5296.34	122175.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	18248.42	130178.38
7. Total Disbursements (from Line 31).....	6228.18	118158.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12020.24	12020.24
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

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).....	4759.90	104320.44
(ii) Unitemized .....	536.44	16854.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5296.34	121175.11
(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) .....	5296.34	121175.11
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	1000.00
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))..... ▶	5296.34	122175.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5296.34	122175.11

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	35.75	1567.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	35.75	1567.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	116398.00
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 .....	192.43	192.43
(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)).....	192.43	192.43
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)) ..	6228.18	118158.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6228.18	118158.14

**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) .....	5296.34	121175.11
34. Total Contribution Refunds (from Line 28(d)) .....	192.43	192.43
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5103.91	120982.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	35.75	1567.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35.75	1567.71

**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 25
	<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	

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. Douglas G. Kott**

Mailing Address 211 Claybook Rd.

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **12 / 31 / 2011**

Transaction ID : **6011856**

Amount of Each Receipt this Period: **0.00**

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$0.06 This changes the YTD Total to \$5000.00

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

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 ▼ **5000.00**

Date of Receipt: **12 / 31 / 2011**

Transaction ID : **6011857**

Amount of Each Receipt this Period: **0.00**

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$192.37 This changes the YTD Total to \$5000.00

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

Mailing Address 211 Claybook Rd.

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.06**

Date of Receipt: **12 / 31 / 2011**

Transaction ID : **PR7883582434**

Amount of Each Receipt this Period: **384.62**

P/R Deduction (\$384.62 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>384.62</b>
<b>TOTAL</b> 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 25
<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 ▼ 5192.37

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR7883652434**  
Amount of Each Receipt this Period 384.62  
P/R Deduction (\$384.62 Monthly)

**B. David Carter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5215 Wiltonwood Ct  
City Indianapolis State IN Zip Code 46254-9665  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation VP Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1690.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR7883672434**  
Amount of Each Receipt this Period 130.00  
P/R Deduction (\$130.00 Monthly)

**c. 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 ▼ 4290.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR7883702434**  
Amount of Each Receipt this Period 330.00  
P/R Deduction (\$330.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	844.62
<b>TOTAL</b> 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 OF 25
	<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. Wendy Schrag**  
Full Name (Last, First, Middle Initial)

Mailing Address 625 Medical Center Dr

City State Zip Code  
Newton KS 67114-8780

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

Name of Employer Occupation  
Fresenius Medical Care NA Director, Advocacy & Gov Affai

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2011  
**Transaction ID : PR7883742434**

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$20.00 Monthly)

**B. Robert P. Loeper**  
Full Name (Last, First, Middle Initial)

Mailing Address 10431 Oakbrook Dr

City State Zip Code  
Tampa FL 33618-5352

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 ▼  
730.74

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2011  
**Transaction ID : PR7883752434**

Amount of Each Receipt this Period  
76.92

P/R Deduction (\$76.92 Monthly)

**c. Robert McGorty**  
Full Name (Last, First, Middle Initial)

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  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2011  
**Transaction ID : PR7883772434**

Amount of Each Receipt this Period  
230.76

P/R Deduction (\$230.76 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	327.68
<b>TOTAL</b> 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 9 OF 25  
(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**

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 ▼  
1999.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR7883952434**

Amount of Each Receipt this Period  
153.84

P/R Deduction (\$153.84 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Erma Hall**

Mailing Address 3850 N Causeway

City Metairie State LA Zip Code 70002-4719

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 ▼  
684.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR7883962434**

Amount of Each Receipt this Period  
76.00

P/R Deduction (\$76.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
3150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR7883972434**

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$300.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 529.84

**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 25
	(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) <b>A. Donna McCarthy</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR7883992434</b>
Mailing Address 34 Warren St		Amount of Each Receipt this Period 230.76
City Wellfleet	State MA	Zip Code 02667-8527
FEC ID number of contributing federal political committee. C	P/R Deduction (\$230.76 Monthly)	
Name of Employer Fresenius Medical Care NA	Occupation West Division President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2999.88	

Full Name (Last, First, Middle Initial) <b>B. Liam Walsh</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR7884002434</b>
Mailing Address 5809 Chatham Ln		Amount of Each Receipt this Period 134.00
City The Colony	State TX	Zip Code 75056-7109
FEC ID number of contributing federal political committee. C	P/R Deduction (\$134.00 Monthly)	
Name of Employer Fresenius Medical Care NA	Occupation VP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1742.00	

Full Name (Last, First, Middle Initial) <b>C. Kim Sonnen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR7884012434</b>
Mailing Address 240 S Madison St		Amount of Each Receipt this Period 260.00
City Denver	State CO	Zip Code 80209-3010
FEC ID number of contributing federal political committee. C	P/R Deduction (\$260.00 Monthly)	
Name of Employer Fresenius Medical Care NA	Occupation SVP Marketing & Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	624.76
<b>TOTAL</b> 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 11 OF 25
	<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**

Full Name (Last, First, Middle Initial) <b>A. Anthony Hayes</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7884072434</b>
Mailing Address 100 Galleria Parkway, SE Suite 500 Suite 500 - 5th Floor		Amount of Each Receipt this Period 62.00
City Atlanta State GA Zip Code 30339-7004	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$62.00 Monthly)
Name of Employer Fresenius Medical Care NA Occupation Group Vice President	Aggregate Year-to-Date 651.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Brian Riddle</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7884152434</b>
Mailing Address 8 Brookside Ct		Amount of Each Receipt this Period 38.46
City Methuen State MA Zip Code 01844-1245	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.46 Monthly)
Name of Employer Fresenius Medical Care NA Occupation Dir Compliance Audits	Aggregate Year-to-Date 499.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Parlier</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7884182434</b>
Mailing Address 6100 Dutchmans Lane, 14th Floor		Amount of Each Receipt this Period 40.00
City Louisville State KY Zip Code 40205	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Monthly)
Name of Employer Fresenius Medical Care NA Occupation Regional Vice President	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.46
<b>TOTAL</b> 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 12 OF 25
	<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**

Full Name (Last, First, Middle Initial) <b>A. Joseph J Casarano, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR7884912434</b>
Mailing Address 12 Murdock Road		Amount of Each Receipt this Period 16.00
City Stoneham	State MA	Zip Code 02180-1521
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation Operations Audit Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	P/R Deduction (\$16.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Steven P Covino</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR7884952434</b>
Mailing Address 6 Williams Street		Amount of Each Receipt this Period 153.84
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 Director of Benefits
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1711.47	P/R Deduction (\$153.84 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Carol A Ernst</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR7885002434</b>
Mailing Address 22370 N 64th Ave		Amount of Each Receipt this Period 76.92
City Glendale	State AZ	Zip Code 85310-4259
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation Area Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	P/R Deduction (\$76.92 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	246.76
<b>TOTAL</b> 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 13 OF 25
<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. James Freedman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 269 Rolling Meadow  
City Holliston State MA Zip Code 01746-1521  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation VP Leadership & Prof Dev  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2040.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR7885042434**  
Amount of Each Receipt this Period **80.00**  
P/R Deduction (\$80.00 Monthly)

**B. K. Brett Heiner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 874 West 1145 North  
City West Point State UT Zip Code 84015-8876  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation Distribution Center Manager II  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR7885102434**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$20.00 Monthly)

**C. Matthew D Kinser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 750 Old Hickory Blvd Suite 230 Suite 230  
City Brentwood State TN Zip Code 37027-4528  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation VP Managed Care  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **999.96**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR7885152434**  
Amount of Each Receipt this Period **76.92**  
P/R Deduction (\$76.92 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **176.92**  
**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 OF 25
	(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) <b>A. Donna M Painter</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR7885242434</b>
Mailing Address 105 W 7th Avenue Suite 1000 Suite 1000		Amount of Each Receipt this Period 30.00
City Corsicana State TX Zip Code 75110-6449	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)
Name of Employer Fresenius Medical Care NA Occupation Regional VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00

Full Name (Last, First, Middle Initial) <b>B. Pauline Perry</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR7885262434</b>
Mailing Address 1153 E Windsor Drive		Amount of Each Receipt this Period 15.40
City Gilbert State AZ Zip Code 85296-4260	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.40 Monthly)
Name of Employer Fresenius Medical Care NA Occupation Regional Quality Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.20

Full Name (Last, First, Middle Initial) <b>C. Charles E Brown</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR7885362434</b>
Mailing Address 4640 Glen Coe Street		Amount of Each Receipt this Period 40.00
City Leesburg State FL Zip Code 34748-2304	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
Name of Employer Fresenius Medical Care NA Occupation Clinical Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.40
<b>TOTAL</b> 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 15 OF 25
	(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. Barry M Doherty**

Mailing Address 941 Luba St

City Woodburn State OR Zip Code 97071-5594

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

Name of Employer: Fresenius Medical Care NA Occupation: BU IT Development Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt: **12 / 31 / 2011**

**Transaction ID : PR7885382434**

Amount of Each Receipt this Period: **30.00**

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 520 10th Avenue South

City Surfside Beach State MA Zip Code 29575-3213

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

Name of Employer: Fresenius Medical Care NA Occupation: Area Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 31 / 2011**

**Transaction ID : PR7885432434**

Amount of Each Receipt this Period: **20.00**

P/R Deduction (\$20.00 Monthly)

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

Mailing Address 100 Franklin Street

City Arlington State MA Zip Code 02474-3214

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 ▼ **988.00**

Date of Receipt: **12 / 31 / 2011**

**Transaction ID : PR7885582434**

Amount of Each Receipt this Period: **76.00**

P/R Deduction (\$76.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **126.00**

**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 16 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jessica Orlando**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 93 Russell Street  
 City Waltham State MA Zip Code 02453-8510  
 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 ▼ 299.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR7885592434**  
 Amount of Each Receipt this Period 23.06  
 P/R Deduction (\$23.06 Monthly)

**B. Kimberly Grelle-Swint**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6100 Bandera Rd Suite 600 Suite 600  
 City San Antonio State TX Zip Code 78238-1667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Regional Director of Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 516.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR7885652434**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$40.00 Monthly)

**C. Nicole Devore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 Pennsylvania Ave NW Suite 225 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR7885752434**  
 Amount of Each Receipt this Period 38.46  
 P/R Deduction (\$38.46 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	101.52
<b>TOTAL</b> 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 17 OF 25
	<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**

Full Name (Last, First, Middle Initial) <b>A. Balaji Gandhi</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7885812434</b>
Mailing Address 920 Winter St			Amount of Each Receipt this Period 100.00
City Waltham	State MA	Zip Code 02451-1521	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Fresenius Medical Care NA	Occupation VP Gov't & External Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>B. Judith Moran</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7886002434</b>
Mailing Address 2201 South Clinton Ave 2nd Floor 2nd Floor			Amount of Each Receipt this Period 38.46
City South Plainfield	State NJ	Zip Code 07080-1473	P/R Deduction (\$38.46 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Fresenius Medical Care NA	Occupation Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) <b>C. Barbara B St. Louis</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7886022434</b>
Mailing Address 920 Winter St			Amount of Each Receipt this Period 24.00
City Waltham	State MA	Zip Code 02451-1521	P/R Deduction (\$24.00 Monthly)
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 ▼ 312.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	162.46
<b>TOTAL</b> 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 18 OF 25
	<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**

Full Name (Last, First, Middle Initial)  
**A. 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  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2011**

**Transaction ID : PR7886032434**

Amount of Each Receipt this Period  
**16.50**

P/R Deduction (\$16.50 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Sandra Geraci**

Mailing Address 262 Berenger Walk

City West Palm Beach State FL Zip Code 33414

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

Name of Employer Fresenius Medical Care NA Occupation Director of Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2011**

**Transaction ID : PR7886292434**

Amount of Each Receipt this Period  
**80.00**

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Michael Ramsey**

Mailing Address 4 Cubs Path

City Hopkinton State MA Zip Code 01748

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

Name of Employer Fresenius Medical Care NA Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.83**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2011**

**Transaction ID : PR7886312434**

Amount of Each Receipt this Period  
**38.46**

P/R Deduction (\$38.46 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **134.96**

**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 19 OF 25
	<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. Jacqueline Wenzler**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Galleria Parkway Suite 500  
Suite 500

City Atlanta State GA Zip Code 30339

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 ▼  
210.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR7886322434**

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$20.00 Monthly)

**B. Jenny Lee Fischer**  
Full Name (Last, First, Middle Initial)

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 ▼  
384.60

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR7979652434**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

**C. Michelle Gazella**  
Full Name (Last, First, Middle Initial)

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 ▼  
256.50

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR7979672434**

Amount of Each Receipt this Period  
27.00

P/R Deduction (\$27.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.46

**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: (check only one)	PAGE 20 OF 25
	<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. Thomas C Graham**  
Full Name (Last, First, Middle Initial)

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 ▼ **475.00**

Date of Receipt: **12 / 31 / 2011**

**Transaction ID : PR7979682434**

Amount of Each Receipt this Period: **50.00**

P/R Deduction (\$50.00 Monthly)

**B. Terry L Ketchersid**  
Full Name (Last, First, Middle Initial)

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 ▼ **1000.00**

Date of Receipt: **12 / 31 / 2011**

**Transaction ID : PR7979762434**

Amount of Each Receipt this Period: **100.00**

P/R Deduction (\$100.00 Monthly)

**C. Manikandan Pandi**  
Full Name (Last, First, Middle Initial)

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 ▼ **384.60**

Date of Receipt: **12 / 31 / 2011**

**Transaction ID : PR7979832434**

Amount of Each Receipt this Period: **38.46**

P/R Deduction (\$38.46 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **188.46**

**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: (check only one)	PAGE 21 OF 25
	<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. Catherine Dubinsky**  
Full Name (Last, First, Middle Initial)  
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 VP Operations Integrity  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **692.28**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR8131082434**  
Amount of Each Receipt this Period **76.92**  
P/R Deduction (\$76.92 Monthly)

**B. Christopher Fonvielle**  
Full Name (Last, First, Middle Initial)  
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 ▼ **346.14**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR8131092434**  
Amount of Each Receipt this Period **38.46**  
P/R Deduction (\$38.46 Monthly)

**C. William Fink**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32 Hartwell Ave  
City Lexington State MA Zip Code 02451  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation VP, ITG  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR8306752434**  
Amount of Each Receipt this Period **100.00**  
P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **215.38**  
**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: (check only one)	PAGE 22 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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)  
**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  
 12 / 31 / 2011

**Transaction ID : PR8584882434**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	384.60
<b>TOTAL</b> This Period (last page this line number only).....▶	4759.90

**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 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

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. Comerica Bank**

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

Purpose of Disbursement  
Bank Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 5946896**

Amount of Each Disbursement this Period

Bank Service Charge

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

**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. Lynn Jenkins for Congress**

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Lynn Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2011

**Transaction ID : 5945983**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Bill Cassidy for Congress**

Mailing Address 8550 United Plaza Blvd.  
Suite 1001

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Bill Cassidy MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2011

**Transaction ID : 5973343**

Amount of Each Disbursement this Period

5000.00

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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)..... ▶

6000.00

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

6000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Nicholas Brownlee**

Mailing Address 12 Deer Grass Ln

City Acton State MA Zip Code 01720-4755

Purpose of Disbursement  
Refund over the limit

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 6004465**

Amount of Each Disbursement this Period

Refund over the limit

Full Name (Last, First, Middle Initial)

**B. Douglas G. Kott**

Mailing Address 211 Claybook Rd.

City Dover State MA Zip Code 02030-2008

Purpose of Disbursement  
Refund over the limit

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 6004466**

Amount of Each Disbursement this Period

Refund over the limit

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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