

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 (12G)
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 07 01 2011 through 07 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 Kathleen Smith

Signature of Treasurer Electronically Filed by Kathleen Smith Date 08 09 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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		8003.27
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	12906.74									
(c) Total Receipts (from Line 19)	10455.06	89439.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23361.80	97442.32								
7. Total Disbursements (from Line 31)	7035.00	81115.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16326.80	16326.80								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Fresenius Medical Care North America PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	9299.50	75445.16
(ii) Unitemized	1155.56	12993.89
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10455.06	88439.05
(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)	10455.06	88439.05
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 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))	10455.06	89439.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10455.06	89439.05

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	1115.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	35.00	1115.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7000.00	80000.00
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))..	7035.00	81115.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7035.00	81115.52

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)	10455.06	88439.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10455.06	88439.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35.00	1115.52
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	1115.52

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17
(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)
Robyn Seitzinger

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

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

Name of Employer Occupation
Fresenius Medical Care NA VP, Clinical Services & Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2011

Transaction ID: 5659403

Amount of Each Receipt this Period
500.00

B.

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

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 SVP, Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2011

Transaction ID: 5664055

Amount of Each Receipt this Period
5000.00

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.65

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR7883581873

Amount of Each Receipt this Period
384.62

P/R Deduction (\$384.62 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **5884.62**

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 7 / 17
(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)
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 ▼ 3076.96

Date of Receipt 07 / 31 / 2011

Transaction ID: PR7883651873

Amount of Each Receipt this Period 384.62

P/R Deduction (\$384.62 Monthly)

B.

Full Name (Last, First, Middle Initial)
David Carter

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 ▼ 975.00

Date of Receipt 07 / 31 / 2011

Transaction ID: PR7883671873

Amount of Each Receipt this Period 130.00

P/R Deduction (\$130.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Claire Callahan

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 ▼ 2475.00

Date of Receipt 07 / 31 / 2011

Transaction ID: PR7883701873

Amount of Each Receipt this Period 330.00

P/R Deduction (\$330.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 844.62

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 8 / 17
(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)
Robert P. Loeper

Mailing Address 10431 Oakbrook Dr

City Tampa State FL Zip Code 33618-5352

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 ▼ 307.68

Date of Receipt: 07 / 31 / 2011

Transaction ID: PR7883751873

Amount of Each Receipt this Period: 76.92

P/R Deduction (\$76.92 Monthly)

B.

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

Mailing Address 2 Walter Circle

City Westford State MA Zip Code 01886-4533

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt: 07 / 31 / 2011

Transaction ID: PR7883771873

Amount of Each Receipt this Period: 230.76

P/R Deduction (\$230.76 Monthly)

C.

Full Name (Last, First, Middle Initial)
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 ▼ 1153.80

Date of Receipt: 07 / 31 / 2011

Transaction ID: PR7883951873

Amount of Each Receipt this Period: 153.84

P/R Deduction (\$153.84 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **461.52**

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 9 / 17
(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)
Erma Hall

Mailing Address 3850 N Causeway

City State Zip Code
Metairie LA 70002-4719

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

Name of Employer Occupation
Fresenius Medical Care NA VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR7883961873

Amount of Each Receipt this Period
76.00

P/R Deduction (\$76.00 Monthly)

B.

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

Mailing Address 1602 Hampton Oaks Bnd

City State Zip Code
Marietta GA 30066-4451

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

Name of Employer Occupation
Fresenius Medical Care NA Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR7883971873

Amount of Each Receipt this Period
300.00

P/R Deduction (\$300.00 Monthly)

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR7883991873

Amount of Each Receipt this Period
230.76

P/R Deduction (\$230.76 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **606.76**

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 / 17
(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)
Liam Walsh

Mailing Address 5809 Chatham Ln

City State Zip Code
The Colony TX 75056-7109

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

Name of Employer Occupation
Fresenius Medical Care NA VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1005.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR7884001873

Amount of Each Receipt this Period
134.00

P/R Deduction (\$134.00 Monthly)

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 ▼ 1950.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR7884011873

Amount of Each Receipt this Period
260.00

P/R Deduction (\$260.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Anthony Hayes

Mailing Address 100 Galleria Parkway, SE Suite 500
Suite 500 - 5th Floor

City State Zip Code
Atlanta GA 30339-7004

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

Name of Employer Occupation
Fresenius Medical Care NA Group Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR7884071873

Amount of Each Receipt this Period
62.00

P/R Deduction (\$62.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **456.00**

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 11 / 17
	<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

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 ▼ 288.45

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR7884151873

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

B.

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

Mailing Address 6 Williams Street

City State Zip Code
Waltham MA 02453-4131

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

Name of Employer Occupation
Fresenius Medical Care NA Director of Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.35

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR7884951873

Amount of Each Receipt this Period
153.84

P/R Deduction (\$153.84 Monthly)

C.

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 ▼ 576.90

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR7885001873

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **269.22**

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 / 17
(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)
James Freedman

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 ▼ 1600.00

Date of Receipt: 07 / 31 / 2011

Transaction ID: PR7885041873

Amount of Each Receipt this Period: 80.00

P/R Deduction (\$80.00 Monthly)

B.

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

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 ▼ 576.90

Date of Receipt: 07 / 31 / 2011

Transaction ID: PR7885151873

Amount of Each Receipt this Period: 76.92

P/R Deduction (\$76.92 Monthly)

C.

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

Mailing Address 105 W 7th Avenue Suite 1000 Suite 1000

City Corsicana State TX Zip Code 75110-6449

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

Name of Employer: Fresenius Medical Care NA Occupation: Regional VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 31 / 2011

Transaction ID: PR7885241873

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 186.92

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 13 / 17
(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)
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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR7885361873

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

B.

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 ▼ 570.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR7885581873

Amount of Each Receipt this Period
76.00

P/R Deduction (\$76.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Kimberly Grelle-Swint

Mailing Address 6100 Bandera Rd Suite 600
Suite 600

City State Zip Code
San Antonio TX 78238-1667

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

Name of Employer Occupation
Fresenius Medical Care NA Regional Director of Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 296.15

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR7885651873

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **156.00**

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 14 / 17
(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)
Nicole Devore

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 ▼ 288.45

Date of Receipt 07 / 31 / 2011
Transaction ID: PR7885751873
Amount of Each Receipt this Period 38.46
P/R Deduction (\$38.46 Monthly)

B.

Full Name (Last, First, Middle Initial)
Balaji Gandhi

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 VP Gov't & External Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 31 / 2011
Transaction ID: PR7885811873
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

C.

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

Mailing Address 2201 South Clinton Ave 2nd Floor
2nd Floor

City South Plainfield State NJ Zip Code 07080-1473

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

Name of Employer Fresenius Medical Care NA Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2011
Transaction ID: PR7886001873
Amount of Each Receipt this Period 38.46
P/R Deduction (\$38.46 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 15 / 17
(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)
Sandra Geraci

Mailing Address 262 Berenger Walk

City State Zip Code
West Palm Beach FL 33414

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

Name of Employer Occupation
Fresenius Medical Care NA Director of Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR7886291873

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

B.

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

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

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

Name of Employer Occupation
Fresenius Medical Care NA Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR7979761873

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Catherine Dubinsky

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

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

Name of Employer Occupation
Fresenius Medical Care NA VP Operations Integrity

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR8131081873

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **256.92**

TOTAL This Period (last page this line number only) ▶ **9299.50**

**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 16 / 17

<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

A.

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

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 5481271

Date of Disbursement

07 / 05 / 2011

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)

PAGE 17 / 17

<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

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) Lucille Roybal-Allard for Congress	Transaction ID: 5642383 Date of Disbursement 07 / 20 / 2011
	Mailing Address 6 E Street, SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Direct Contribution Candidate Name Rep. Lucille Roybal-Allard Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Direct Contribution

B.	Full Name (Last, First, Middle Initial) CHC BOLD PAC	Transaction ID: 5646188 Date of Disbursement 07 / 22 / 2011
	Mailing Address 1831 Bay St SE	
	City Washington State DC Zip Code 20003-2510	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Direct Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Direct Contribution
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Berkley for Senate	Transaction ID: 5662899 Date of Disbursement 07 / 27 / 2011
	Mailing Address 3069 CONQUISTA COURT	
	City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Direct Contribution Candidate Name Ms. Shelley Berkley	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Direct Contribution
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	7000.00