

# 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 08 01 2008 through 08 31 2008

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 09 19 2008

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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**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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		9114.46
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	9402.59									
(c) Total Receipts (from Line 19) .....	7687.21	71112.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	17089.80	80226.67								
7. Total Disbursements (from Line 31) .....	0.00	63136.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17089.80	17089.80								
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**

Write or Type Committee Name  
Fresenius Medical Care North America PAC

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	4801.32	65351.32
(i) Itemized (use Schedule A) .....	2885.89	5760.89
(ii) Unitemized .....	7687.21	71112.21
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7687.21	71112.21
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)) .....	7687.21	71112.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7687.21	71112.21

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	0.00	44.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	44.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	63092.00
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))..	0.00	63136.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	63136.87

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	7687.21	71112.21
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7687.21	71112.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	44.87
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	44.87

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 8  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Claire Callahan

Mailing Address 1557 Surrey Dr

City State Zip Code  
Wheaton IL 60187-7248

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Fresenius Medical Care NA VP of Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt 08 / 29 / 2008

**Transaction ID:** 80919.C164

Amount of Each Receipt this Period 576.90

Receipt

Payroll Deduction: (576.9-0/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
David Carter

Mailing Address 5215 Wiltonwood Ct

City State Zip Code  
Indianapolis IN 46254-9665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Fresenius Medical Care NA VP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 08 / 29 / 2008

**Transaction ID:** 80919.C234

Amount of Each Receipt this Period 390.00

Receipt

Payroll Deduction: (390.0-0/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Simon D Castellanos

Mailing Address 2670 S Youngfield Ct

City State Zip Code  
Denver CO 80228-4937

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Fresenius Medical Care NA Business Unit President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 577.00

Date of Receipt 08 / 29 / 2008

**Transaction ID:** 80919.C166

Amount of Each Receipt this Period 577.00

Receipt

Payroll Deduction: (577.0-0/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... 1543.90

**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 / 8  
(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)  
James Freedman  
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 Leadership & Prof Dev  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **200.00**  
Date of Receipt: 08 / 29 / 2008  
Transaction ID: 80919.C179  
Amount of Each Receipt this Period: 200.00  
Receipt  
Payroll Deduction: (200.0-0/Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Bryan H Lipinski  
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: Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **461.52**  
Date of Receipt: 08 / 29 / 2008  
Transaction ID: 80919.C238  
Amount of Each Receipt this Period: 461.52  
Receipt  
Payroll Deduction: (461.5-2/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Robert McGorty  
Mailing Address 2 Walter Cir  
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 **576.90**  
Date of Receipt: 08 / 29 / 2008  
Transaction ID: 80919.C198  
Amount of Each Receipt this Period: 576.90  
Receipt  
Payroll Deduction: (576.9-0/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... **1238.42**  
**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 / 8
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kim Sonnen		Date of Receipt
	Mailing Address 240 S Madison St		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Denver	CO	80209-3010
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80919.C209
Name of Employer Fresenius Medical Care NA		Occupation SVP Marketing & Managed Care	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="650.00"/>	<input type="text" value="650.00"/>
			Receipt
			Payroll Deduction: (650.0-0/Pay Period)

<b>B.</b>	Full Name (Last, First, Middle Initial) Liam Walsh		Date of Receipt
	Mailing Address 5809 Chatham Ln		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	The Colony	TX	75056-7109
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80919.C214
Name of Employer Fresenius Medical Care NA		Occupation VP Finance	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="769.00"/>	<input type="text" value="769.00"/>
			Receipt
			Payroll Deduction: (769.0-0/Pay Period)

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul Zabetakis		Date of Receipt
	Mailing Address PO Box 283		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Jamestown	RI	02835-0283
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80919.C216
Name of Employer Fresenius Medical Care NA		Occupation President Renal Research	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="600.00"/>	<input type="text" value="600.00"/>
			Receipt
			Payroll Deduction: (600.0-0/Pay Period)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2019.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="4801.32"/>