

# 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 2011 through 08 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 09 08 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									
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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	1	1

 To: 

M	M
0	8

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 .....	16326.80									
(c) Total Receipts (from Line 19) .....	7454.21	96893.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	23781.01	104896.53								
7. Total Disbursements (from Line 31) .....	7247.68	88363.20								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	16533.33	16533.33								
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	1	1

 To: 

M	M
0	8

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) .....	6618.88	82064.04
(ii) Unitemized .....	835.33	13829.22
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7454.21	95893.26
(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) .....	7454.21	95893.26
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)) .....	7454.21	96893.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7454.21	96893.26

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.....	247.68	1363.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	247.68	1363.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7000.00	87000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7247.68	88363.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7247.68	88363.20

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) .....	7454.21	95893.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7454.21	95893.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	247.68	1363.20
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	247.68	1363.20

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 19  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mark Costanzo

Mailing Address 42D 7 Springs Ln

City Burlington State MA Zip Code 01803-5123

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

Name of Employer: Fresenius Medical Care NA Occupation: President, RTG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 08 / 09 / 2011

Transaction ID: 5705332

Amount of Each Receipt this Period: 2500.00

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼ 3269.27

Date of Receipt: 08 / 31 / 2011

Transaction ID: PR7883581960

Amount of Each Receipt this Period: 384.62

P/R Deduction (\$384.62 Monthly)

**C.**

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 ▼ 3461.58

Date of Receipt: 08 / 31 / 2011

Transaction ID: PR7883651960

Amount of Each Receipt this Period: 384.62

P/R Deduction (\$384.62 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3269.24**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 19  
(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)  
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 ▼ 1105.00

Date of Receipt 08 / 31 / 2011  
**Transaction ID:** PR7883671960

Amount of Each Receipt this Period 130.00

P/R Deduction (\$130.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Claire Callahan

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 Human Resources & Admin

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2805.00

Date of Receipt 08 / 31 / 2011  
**Transaction ID:** PR7883701960

Amount of Each Receipt this Period 330.00

P/R Deduction (\$330.00 Monthly)

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

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 ▼ 384.60

Date of Receipt 08 / 31 / 2011  
**Transaction ID:** PR7883751960

Amount of Each Receipt this Period 76.92

P/R Deduction (\$76.92 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... 536.92

**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 8 / 19  
(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)  
Robert McGorty

Mailing Address 2 Walter Circle

City State Zip Code  
Westford MA 01886-4533

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.46

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR7883771960  
Amount of Each Receipt this Period: 230.76  
P/R Deduction (\$230.76 Monthly)

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

Mailing Address 4631 Woodland Corporate Blvd Suite Suite 113

City State Zip Code  
Tampa FL 33614-2414

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1307.64

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR7883951960  
Amount of Each Receipt this Period: 153.84  
P/R Deduction (\$153.84 Monthly)

**C.** 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 ▼ 342.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR7883961960  
Amount of Each Receipt this Period: 76.00  
P/R Deduction (\$76.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **460.60**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 19  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR7883971960

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$300.00 Monthly)

**B.**

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 ▼ 1961.46

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR7883991960

Amount of Each Receipt this Period  
230.76

P/R Deduction (\$230.76 Monthly)

**C.**

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 ▼ 1139.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR7884001960

Amount of Each Receipt this Period  
134.00

P/R Deduction (\$134.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **664.76**

**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 / 19  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Kim Sonnen		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 240 S Madison St		<b>Transaction ID:</b> PR7884011960
City Denver	State CO	Zip Code 80209-3010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 260.00
Name of Employer Fresenius Medical Care NA	Occupation SVP Marketing & Managed Care	P/R Deduction (\$260.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2210.00	

**B.**

Full Name (Last, First, Middle Initial) Anthony Hayes		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 100 Galleria Parkway, SE Suite 500 Suite 500 - 5th Floor		<b>Transaction ID:</b> PR7884071960
City Atlanta	State GA	Zip Code 30339-7004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.00
Name of Employer Fresenius Medical Care NA	Occupation Group Vice President	P/R Deduction (\$62.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00	

**C.**

Full Name (Last, First, Middle Initial) Brian Riddle		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 8 Brookside Ct		<b>Transaction ID:</b> PR7884151960
City Methuen	State MA	Zip Code 01844-1245
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.46
Name of Employer Fresenius Medical Care NA	Occupation Dir Compliance Audits	P/R Deduction (\$38.46 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>360.46</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: PAGE 11 / 19  
(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)  
Steven P Covino  
Mailing Address 6 Williams Street  
City Waltham State MA Zip Code 02453-4131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation Director of Benefits  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1019.19  
Date of Receipt 08 / 31 / 2011  
Transaction ID: PR7884951960  
Amount of Each Receipt this Period 153.84  
P/R Deduction (\$153.84 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Carol A Ernst  
Mailing Address 22370 N 64th Ave  
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:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 653.82  
Date of Receipt 08 / 31 / 2011  
Transaction ID: PR7885001960  
Amount of Each Receipt this Period 76.92  
P/R Deduction (\$76.92 Monthly)

**C.** 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 ▼ 1680.00  
Date of Receipt 08 / 31 / 2011  
Transaction ID: PR7885041960  
Amount of Each Receipt this Period 80.00  
P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 310.76  
**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 12 / 19

(check only one)

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

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

**A.**

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

Mailing Address 750 Old Hickory Blvd Suite 230  
Suite 230

City State Zip Code  
Brentwood TN 37027-4528

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

Name of Employer Occupation  
Fresenius Medical Care NA VP Managed Care

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 653.82

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR7885151960

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

**B.**

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

Mailing Address 105 W 7th Avenue Suite 1000  
Suite 1000

City State Zip Code  
Corsicana TX 75110-6449

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

Name of Employer Occupation  
Fresenius Medical Care NA Regional VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR7885241960

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**C.**

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

Mailing Address 4640 Glen Coe Street

City State Zip Code  
Leesburg FL 34748-2304

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

Name of Employer Occupation  
Fresenius Medical Care NA Clinical Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR7885361960

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

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

146.92

**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 / 19

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Barry M Doherty	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 941 Luba St	<b>Transaction ID:</b> PR7885381960
	City State Zip Code Woodburn OR 97071-5594	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Monthly)
Name of Employer Fresenius Medical Care NA	Occupation BU IT Development Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) Mark R Fawcett	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 100 Franklin Street	<b>Transaction ID:</b> PR7885581960
	City State Zip Code Arlington MA 02474-3214	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$76.00 Monthly)
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 ▼ 646.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) Kimberly Grelle-Swint	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 6100 Bandera Rd Suite 600 Suite 600	<b>Transaction ID:</b> PR7885651960
	City State Zip Code San Antonio TX 78238-1667	Amount of Each Receipt this Period 40.00
	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 Director of Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.15	

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

146.00

**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 / 19  
(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)  
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 ▼ 326.91

Date of Receipt 08 / 31 / 2011  
Transaction ID: PR7885751960  
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 ▼ 850.00

Date of Receipt 08 / 31 / 2011  
Transaction ID: PR7885811960  
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 ▼ 326.91

Date of Receipt 08 / 31 / 2011  
Transaction ID: PR7886001960  
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 / 19  
(check only one)

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

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

**A.**

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

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

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

Name of Employer Occupation  
Fresenius Medical Care NA Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
08 / 31 / 2011

**Transaction ID:** PR7886021960

Amount of Each Receipt this Period  
24.00

P/R Deduction (\$24.00 Monthly)

**B.**

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 ▼ 480.00

Date of Receipt  
08 / 31 / 2011

**Transaction ID:** PR7886291960

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$80.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Michael Ramsey

Mailing Address 4 Cubs Path

City State Zip Code  
Hopkinton MA 01748

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

Name of Employer Occupation  
Fresenius Medical Care NA Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
08 / 31 / 2011

**Transaction ID:** PR7886311960

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **142.46**

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

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

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

FOR LINE NUMBER: PAGE 16 / 19  
(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)  
Jenny Lee Fischer

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 ▼ 211.53

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR7979651960

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Thomas C Graham

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR7979681960

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**C.** 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 ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR7979761960

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 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: PAGE 17 / 19  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Manikandan Pandi

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 ▼ 211.53

Date of Receipt  
08 / 31 / 2011

**Transaction ID:** PR7979831960

Amount of Each Receipt this Period 38.46

P/R Deduction (\$38.46 Monthly)

**B.**

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 ▼ 346.14

Date of Receipt  
08 / 31 / 2011

**Transaction ID:** PR8131081960

Amount of Each Receipt this Period 76.92

P/R Deduction (\$76.92 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
William Fink

Mailing Address 32 Hartwell Ave

City State Zip Code  
Lexington MA 02451

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

Name of Employer Occupation  
Fresenius Medical Care NA VP, ITG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
08 / 31 / 2011

**Transaction ID:** PR8306751960

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) ..... ▶ **6618.88**

**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 18 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) McConnell Senate Committee 2014</p> <p>Mailing Address PO Box 1496</p> <p>City Louisville State KY Zip Code 40201-1496</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5686108 <b>Date of Disbursement</b> 08 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Direct Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) People for Ben</p> <p>Mailing Address P.O. Box 31129</p> <p>City Santa Fe State NM Zip Code 87594-1129</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Ben Lujan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5701587 <b>Date of Disbursement</b> 08 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Direct Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Van Hollen for Congress</p> <p>Mailing Address 10605 Concord Street Suite 202</p> <p>City Kensington State MD Zip Code 20895-2625</p> <p>Purpose of Disbursement</p> <p>Candidate Name Chris Van Hollen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5722618 <b>Date of Disbursement</b> 08 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

7000.00

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

7000.00

**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 19 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)

Comerica Bank

Mailing Address PO Box 75000

City State Zip Code  
Detroit MI 48275-0001

Purpose of Disbursement  
Bank Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 5694282

Date of Disbursement

08 / 02 / 2011

Amount of Each Disbursement this Period

247.68

Bank Service Charge

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

247.68

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

247.68