

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 12 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathleen Smith

Signature of Treasurer Electronically Filed by Kathleen Smith Date 01 11 2010

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Fresenius Medical Care North America PAC

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		7264.51
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	13347.38									
(c) Total Receipts (from Line 19)	6012.34	108402.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19359.72	115666.59								
7. Total Disbursements (from Line 31)	12030.00	108336.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7329.72	7329.72								
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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	5428.92	94842.70
(ii) Unitemized	583.42	13559.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6012.34	108402.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6012.34	108402.08
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6012.34	108402.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6012.34	108402.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	30.00	1234.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	30.00	1234.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	107102.00
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))..	12030.00	108336.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12030.00	108336.87

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	6012.34	108402.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6012.34	108402.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30.00	1234.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30.00	1234.87

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 19
(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

<p>A. Full Name (Last, First, Middle Initial) Debbie Arrington</p> <p>Mailing Address 15011 W Columbine Drive</p> <p>City State Zip Code Surprise AZ 85379-5936</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fresenius Medical Care NA Area Manager</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 519.21</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: 00111.C1542</p> <p>Amount of Each Receipt this Period 38.46</p> <p>Receipt</p> <p>Payroll Deduction: (38.46- /Monthly)</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) John R Barr</p> <p>Mailing Address 14326 South Gary Avenue</p> <p>City State Zip Code Bixby OK 74008-8032</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fresenius Medical Care NA Manager, Field Service & Train</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 242.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: 00111.C1544</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Receipt</p> <p>Payroll Deduction: (20.00- /Monthly)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Charles E Brown</p> <p>Mailing Address 4640 Glen Coe Street</p> <p>City State Zip Code Leesburg FL 34748-2304</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fresenius Medical Care NA Clinical Manager</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 520.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: 00111.C1585</p> <p>Amount of Each Receipt this Period 40.00</p> <p>Receipt</p> <p>Payroll Deduction: (40.00- /Monthly)</p>
---	---

SUBTOTAL of Receipts This Page (optional)	98.46
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 7 / 19
(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)
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 ▼ 1690.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: 00111.C1599
Amount of Each Receipt this Period: 130.00
Receipt
Payroll Deduction: (130.0-0/Monthly)

B. Full Name (Last, First, Middle Initial)
Joseph J Casarano, Jr.

Mailing Address 12 Murdock Road

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: 00111.C1548
Amount of Each Receipt this Period: 16.00
Receipt
Payroll Deduction: (16.00-/Monthly)

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

Mailing Address 2670 S Youngfield Ct

City Denver State CO Zip Code 80228-4937

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

Name of Employer: Fresenius Medical Care NA Occupation: Business Unit President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.40

Date of Receipt: 12 / 31 / 2009
Transaction ID: 00111.C1549
Amount of Each Receipt this Period: 230.80
Receipt
Payroll Deduction: (230.8-0/Monthly)

SUBTOTAL of Receipts This Page (optional) ► **376.80**

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

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)
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 ▼ 499.98
Date of Receipt 12 / 31 / 2009
Transaction ID: 00111.C1553
Amount of Each Receipt this Period 38.46
Receipt
Payroll Deduction: (38.46- /Monthly)

B. Full Name (Last, First, Middle Initial)
Kathleen Crocker
Mailing Address 9 Kimball Ct
City Burlington State MA Zip Code 01803-3857
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation VP FMS Operations Sys Devlp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00
Date of Receipt 12 / 31 / 2009
Transaction ID: 00111.C1555
Amount of Each Receipt this Period 50.00
Receipt
Payroll Deduction: (50.00- /Monthly)

C. Full Name (Last, First, Middle Initial)
Nicole Devore
Mailing Address 801 Pennsylvania Ave NW Suite 225
City Washington State DC Zip Code 20004-2604
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 326.91
Date of Receipt 12 / 31 / 2009
Transaction ID: 00111.C1563
Amount of Each Receipt this Period 38.46
Receipt
Payroll Deduction: (38.46- /Monthly)

SUBTOTAL of Receipts This Page (optional) ► 126.92
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 9 / 19
(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)
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 ▼ 1038.42
Date of Receipt 12 / 31 / 2009
Transaction ID: 00111.C1558
Amount of Each Receipt this Period 76.92
Receipt
Payroll Deduction: (76.92- /Monthly)

B. Full Name (Last, First, Middle Initial)
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 / 2009
Transaction ID: 00111.C1604
Amount of Each Receipt this Period 76.00
Receipt
Payroll Deduction: (76.00- /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 ▼ 1040.00
Date of Receipt 12 / 31 / 2009
Transaction ID: 00111.C1562
Amount of Each Receipt this Period 80.00
Receipt
Payroll Deduction: (80.00- /Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 232.92
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 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

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)

Balaji Gandhi

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 VP Govt & External Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00111.C1628

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (100.0-0/Monthly)

B.

Full Name (Last, First, Middle Initial)

Kimberly Grelle-Swint

Mailing Address 6100 Bandera Rd 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 ▼ 326.91

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00111.C1616

Amount of Each Receipt this Period

38.46

Receipt

Payroll Deduction: (38.46-/Monthly)

C.

Full Name (Last, First, Middle Initial)

Erma Hall

Mailing Address 310 Magnolia Ln

City State Zip Code
Covington LA 70433-4719

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

Name of Employer Occupation
Fresenius Medical Care NA BU Controller

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 461.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00111.C1617

Amount of Each Receipt this Period

57.70

Receipt

Payroll Deduction: (57.70-/Monthly)

SUBTOTAL of Receipts This Page (optional)

196.16

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 / 19
	<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) K. Brett Heiner	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 874 West 1145 North	Transaction ID: 00111.C1567
	City State Zip Code West Point UT 84015-8876	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (20.00- /Monthly)
Name of Employer Fresenius Medical Care NA	Occupation Distribution Center Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Susan Johnson	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1206 Oak Park Rd	Transaction ID: 00111.C1627
	City State Zip Code Council Bluffs IA 51503-1358	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (50.00- /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 ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Matthew D Kinser	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 750 Old Hickory Blvd Suite 230	Transaction ID: 00111.C1570
	City State Zip Code Brentwood TN 37027-4528	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (76.92- /Monthly)
Name of Employer Fresenius Medical Care NA	Occupation VP Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.82	

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 12 / 19
(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)
George J Kyte

Mailing Address 6 Liberty Street

City State Zip Code
Andover MA 01810

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

Name of Employer Occupation
Fresenius Medical Care NA Mgr Tax Admin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: 00111.C1571

Amount of Each Receipt this Period
16.00

Receipt

Payroll Deduction: (16.00- /Monthly)

B. Full Name (Last, First, Middle Initial)
Brian H Lipinski

Mailing Address 4308 Castle Rock Ct

City State Zip Code
Irving TX 75038-6438

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

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: 00111.C1603

Amount of Each Receipt this Period
153.84

Receipt

Payroll Deduction: (153.8-4 /Monthly)

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

Mailing Address 520 10th Avenue South

City State Zip Code
Surfside Beach MA 29575-3213

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

Name of Employer Occupation
Fresenius Medical Care NA Area Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: 00111.C1589

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (20.00- /Monthly)

SUBTOTAL of Receipts This Page (optional) ► **189.84**

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 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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
Carmen Maddocks

Mailing Address 4629 E Chandler Blvd #100

City State Zip Code
Phoenix AZ 85048-0429

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 ▼ 538.44

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00111.C1569

Amount of Each Receipt this Period
76.92

Receipt

Payroll Deduction: (76.92- /Monthly)

B.

Full Name (Last, First, Middle Initial)
Frank Maddux

Mailing Address 750 Old Hickory Blvd Suite 230

City State Zip Code
Brentwood TN 37027-4528

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

Name of Employer Occupation
Fresenius Medical Care NA Chief Medical Inform. Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 00111.C1541

Amount of Each Receipt this Period
3000.00

Receipt

C.

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

Mailing Address 2 Walter Circle

City State Zip Code
Westford MA 01886-4533

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2999.88

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00111.C1574

Amount of Each Receipt this Period
230.76

Receipt

Payroll Deduction: (230.7-6 /Monthly)

SUBTOTAL of Receipts This Page (optional) ► **3307.68**

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

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)
Judith Moran

Mailing Address 2201 South Clinton Ave
2nd Floor

City State Zip Code
South Plainfield NJ 07080-1473

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

Name of Employer Occupation
Fresenius Medical Care NA Regional Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00111.C1552

Amount of Each Receipt this Period
38.46

Receipt

Payroll Deduction: (38.46- /Monthly)

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

Mailing Address 93 Russell Street

City State Zip Code
Waltham MA 02453-8510

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

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.31

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00111.C1605

Amount of Each Receipt this Period
23.06

Receipt

Payroll Deduction: (23.06- /Monthly)

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

Mailing Address 105 W 7th Avenue
Suite 1000

City State Zip Code
Corsicana TX 75110-6449

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

Name of Employer Occupation
Fresenius Medical Care NA Regional VP

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00111.C1576

Amount of Each Receipt this Period
30.00

Receipt

Payroll Deduction: (30.00- /Monthly)

SUBTOTAL of Receipts This Page (optional) ► **91.52**

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 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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
Pauline Perry

Mailing Address 1153 E Windsor Drive

City State Zip Code
Gilbert AZ 85296-4260

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

Name of Employer Occupation
Fresenius Medical Care NA Regional Quality Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 207.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00111.C1577

Amount of Each Receipt this Period
15.40

Receipt

Payroll Deduction: (15.40- /Monthly)

B.

Full Name (Last, First, Middle Initial)
Brian Riddle

Mailing Address 8 Brookside Ct

City State Zip Code
Methuen MA 01844-1245

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

Name of Employer Occupation
Fresenius Medical Care NA Dir Compliance Audits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00111.C1579

Amount of Each Receipt this Period
38.46

Receipt

Payroll Deduction: (38.46- /Monthly)

C.

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

Mailing Address 240 S Madison St

City State Zip Code
Denver CO 80209-3010

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3380.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00111.C1581

Amount of Each Receipt this Period
260.00

Receipt

Payroll Deduction: (260.0-0 /Monthly)

SUBTOTAL of Receipts This Page (optional) ► **313.86**

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)

<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		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 5809 Chatham Ln		Transaction ID: 00111.C1584
	City The Colony	State TX	Zip Code 75056-7109
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 134.00
	Name of Employer Fresenius Medical Care NA	Occupation VP Finance	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2002.40	Payroll Deduction: (134.0-0/Monthly)

B.	Full Name (Last, First, Middle Initial) Deborah A. Wells		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 100 Galleria Pkwy SE Suite 500		Transaction ID: 00111.C1626
	City Atlanta	State GA	Zip Code 30339-3179
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.84
	Name of Employer Fresenius Medical Care NA	Occupation Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1307.64	Payroll Deduction: (153.8-4/Monthly)

C.	Full Name (Last, First, Middle Initial) Jeffrey West		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 401 Plymouth Road Suite 500		Transaction ID: 00111.C1631
	City Plymouth Meeting	State PA	Zip Code 19462-1726
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer Fresenius Medical Care NA	Occupation VP Managed Care	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	Payroll Deduction: (60.00-/Monthly)

SUBTOTAL of Receipts This Page (optional)	347.84
TOTAL This Period (last page this line number only)	5428.92

**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 / 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

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 State Zip Code
Detroit MI 48275-0001

Purpose of Disbursement
Bank Service Charge

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 91208.E160

Date of Disbursement

^M 1	^M 2	/	^D 0	^D 2	/	^Y 2	^Y 0	^Y 0	^Y 9
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Amount of Each Disbursement this Period

30.00

BANK SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional)

30.00

TOTAL This Period (last page this line number only)

30.00

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 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

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) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE <hr/> Mailing Address 120 Maryland Avenue, NE <hr/> City Washington State DC Zip Code 20002-5610 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: annual/other	Transaction ID: 00111.E163 Date of Disbursement 12 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> DIRECT CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign <hr/> Mailing Address P.O. Box 16128 <hr/> City Houston State TX Zip Code 77222-6128 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name RAYMOND E. GREEN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 29	Transaction ID: 91208.E158 Date of Disbursement 12 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> DIRECT CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Kilpatrick for Congress <hr/> Mailing Address 724 9th St NW <hr/> City Washington State DC Zip Code 20001-4505 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name CAROLYN MS. KILPATRICK <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 13	Transaction ID: 91208.E159 Date of Disbursement 12 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 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

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)
Friends of Blanche Lincoln

Mailing Address 303 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5701

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
BLANCHE LAMBERT LINCOLN

Office Sought: House
 Senate
 President

State: AR District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 91208.E161
Date of Disbursement

12 / 08 / 2009

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Friends of Blanche Lincoln

Mailing Address 303 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5701

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
BLANCHE LAMBERT LINCOLN

Office Sought: House
 Senate
 President

State: AR District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00111.E162
Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

12000.00