

# 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 (12S)  
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 2010 through 08 31 2010

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 14 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
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		7329.72
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	6407.45									
(c) Total Receipts (from Line 19) .....	9574.18	64200.47								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	15981.63	71530.19								
7. Total Disbursements (from Line 31) .....	10219.77	65768.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5761.86	5761.86								
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

FEC Form 3X (Rev. 06/2004)

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	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	8814.00	54796.44
(ii) Unitemized .....	760.18	9404.03
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9574.18	64200.47
(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) .....	9574.18	64200.47
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)) .....	9574.18	64200.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9574.18	64200.47

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	219.77	768.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	219.77	768.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	65000.00
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))..	10219.77	65768.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10219.77	65768.33

**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) .....	9574.18	64200.47
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9574.18	64200.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	219.77	768.33
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	219.77	768.33

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 16  
(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)  
Mike Brosnan

Mailing Address 51 Vose Hill Rd

City State Zip Code  
Westford MA 01886-4527

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Fresenius Medical Care NA CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 11 / 2010

**Transaction ID:** 00914.C2295

Amount of Each Receipt this Period 5000.00

Receipt

**B.** 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 08 / 31 / 2010

**Transaction ID:** 00914.C2349

Amount of Each Receipt this Period 40.00

Receipt

Payroll Deduction: (40.00- /Monthly )

**C.** 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 ▼ 2145.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** 00914.C2302

Amount of Each Receipt this Period 330.00

Receipt

Payroll Deduction: (330.0-0 /Monthly )

**SUBTOTAL** of Receipts This Page (optional) ..... 5370.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<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) David Carter	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 5215 Wiltonwood Ct	<b>Transaction ID:</b> 00914.C2362
	City State Zip Code Indianapolis IN 46254-9665	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA VP Operations	Payroll Deduction: (130.0-0/Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1105.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Simon D Castellanos	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 2670 S Youngfield Ct	<b>Transaction ID:</b> 00914.C2304
	City State Zip Code Denver CO 80228-4937	Amount of Each Receipt this Period 230.80
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA Business Unit President	Payroll Deduction: (230.8-0/Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1961.80	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven P Covino	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 6 Williams Street	<b>Transaction ID:</b> 00914.C2308
	City State Zip Code Waltham MA 02453-4131	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA Director of Benefits	Payroll 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) .....	▶	399.26
<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 8 / 16  
(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

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 / 2010  
**Transaction ID:** 00914.C2316  
 Amount of Each Receipt this Period 38.46  
 Receipt  
 Payroll Deduction: (38.46- /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 / 2010  
**Transaction ID:** 00914.C2312  
 Amount of Each Receipt this Period 76.92  
 Receipt  
 Payroll Deduction: (76.92- /Monthly)

**C.** 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 ▼ 1246.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 00914.C2365  
 Amount of Each Receipt this Period 76.00  
 Receipt  
 Payroll Deduction: (76.00- /Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 191.38

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<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) James Freedman	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 269 Rolling Meadow	<b>Transaction ID:</b> 00914.C2315
	City Holliston State MA Zip Code 01746-1521	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Fresenius Medical Care NA	Occupation VP Leadership & Prof Dev	Payroll Deduction: (80.00- /Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Balaji Gandhi	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 920 Winter St	<b>Transaction ID:</b> 00914.C2387
	City Waltham State MA Zip Code 02451-1521	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Fresenius Medical Care NA	Occupation VP Govt & External Affairs	Payroll Deduction: (100.0- 0/Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Gauger	Date of Receipt MM / DD / YYYY 08 / 02 / 2010
	Mailing Address 4784 137th Street West	<b>Transaction ID:</b> 00809.C2196
	City Saint Paul State MN Zip Code 55124	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1180.00</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 10 / 16  
(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) Terry O Gilpin		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 4631 Woodland Corporate Blvd Suite 113		<b>Transaction ID:</b> 00914.C2345
City Tampa	State FL	Zip Code 33614-2414
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 153.84
Name of Employer Fresenius Medical Care NA	Occupation President DSD North Ops	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	Payroll Deduction: (153.8-4/Monthly)

**B.**

Full Name (Last, First, Middle Initial) Kimberly Grelle-Swint		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 6100 Bandera Rd Suite 600		<b>Transaction ID:</b> 00914.C2377
City San Antonio	State TX	Zip Code 78238-1667
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 Regional Director of Education	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	Payroll Deduction: (38.46-/Monthly)

**C.**

Full Name (Last, First, Middle Initial) Susan Johnson		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 1206 Oak Park Rd		<b>Transaction ID:</b> 00914.C2386
City Council Bluffs	State IA	Zip Code 51503-1358
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
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 ▼ 425.00	Payroll Deduction: (50.00-/Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>242.30</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 / 16

(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

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 0

Transaction ID: 00914.C2324

Amount of Each Receipt this Period  
76.92

Receipt  
Payroll Deduction: (76.92-  
/Monthly )

**B.**

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

Mailing Address 211 Claybook Rd.

City State Zip Code  
Dover MA 02030-2008

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

Name of Employer Occupation  
Fresenius Medical Care NA Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2307.72

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: 00914.C2306

Amount of Each Receipt this Period  
384.62

Receipt  
Payroll Deduction: (384.6-  
2/Monthly )

**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 ▼ 1961.46

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: 00914.C2331

Amount of Each Receipt this Period  
230.76

Receipt  
Payroll Deduction: (230.7-  
6/Monthly )

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

692.30

**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 12 / 16
	<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) Judith Moran	Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 1 0
	Mailing Address 2201 South Clinton Ave 2nd Floor	<b>Transaction ID:</b> 00914.C2307
	City State Zip Code South Plainfield NJ 07080-1473	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Occupation Fresenius Medical Care NA Regional Vice President	Payroll Deduction: (38.46- /Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Donna M Painter	Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 1 0
	Mailing Address 105 W 7th Avenue Suite 1000	<b>Transaction ID:</b> 00914.C2333
	City State Zip Code Corsicana TX 75110-6449	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Occupation Fresenius Medical Care NA Regional VP	Payroll Deduction: (30.00- /Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Riddle	Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 1 0
	Mailing Address 8 Brookside Ct	<b>Transaction ID:</b> 00914.C2338
	City State Zip Code Methuen MA 01844-1245	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Occupation Fresenius Medical Care NA Dir Compliance Audits	Payroll Deduction: (38.46- /Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>106.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 16
	<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) Kim Sonnen		Date of Receipt
	Mailing Address 240 S Madison St		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Denver	CO	80209-3010
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 00914.C2341
Name of Employer Fresenius Medical Care NA		Occupation SVP Marketing & Managed Care	Amount of Each Receipt this Period <input type="text" value="260.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2210.00"/>	Receipt Payroll Deduction: (260.0-0/Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara B St. Louis		Date of Receipt
	Mailing Address 920 Winter St		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Waltham	MA	02451-1521
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 00914.C2388
Name of Employer Fresenius Medical Care NA		Occupation Director	Amount of Each Receipt this Period <input type="text" value="24.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="204.00"/>	Receipt Payroll Deduction: (24.00-/Monthly)

<b>C.</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="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	The Colony	TX	75056-7109
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 00914.C2346
Name of Employer Fresenius Medical Care NA		Occupation VP Finance	Amount of Each Receipt this Period <input type="text" value="134.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1139.00"/>	Receipt Payroll Deduction: (134.0-0/Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="418.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 16
	(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 A. Wells		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 100 Galleria Pkwy SE Suite 500		Transaction ID: 00914.C2385
City Atlanta	State GA	Zip Code 30339-3179
FEC ID number of contributing federal political committee. <b>C</b>		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 )

**B.**

Full Name (Last, First, Middle Initial) Jeffrey West		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 401 Plymouth Road Suite 500		Transaction ID: 00914.C2389
City Plymouth Meeting	State PA	Zip Code 19462-1726
FEC ID number of contributing federal political committee. <b>C</b>		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 )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>213.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>8814.00</b>

**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 15 / 16

<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 Detroit State MI Zip Code 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: 00809.E212

Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

219.77

BANK SERVICE CHARGE

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

219.77

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

219.77

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 16

<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

<b>A.</b> Full Name (Last, First, Middle Initial) KIDNEY CARE PARTNERS POLITICAL ACTION COMMITTEE (KCP PA-C) Mailing Address 5746 Union Mill Road P.O. Box 160 City Clifton State VA Zip Code 20124- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name KIDNEY CARE PARTNERS POLITICAL ACTION COMMITTEE (KCP PAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ annual/other	Transaction ID: 00914.E214 Date of Disbursement 08 / 26 / 2010
	Amount of Each Disbursement this Period 5000.00 DIRECT CONTRIBUTION
<b>B.</b> Full Name (Last, First, Middle Initial) Snowe for Senate Mailing Address PO Box 2012 City Portland State ME Zip Code 04104- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name OLYMPIA J SNOWE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00809.E213 Date of Disbursement 08 / 09 / 2010
	Amount of Each Disbursement this Period 5000.00 DIRECT CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	10000.00