

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 04 01 2009 through 04 30 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 05 08 2009

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Fresenius Medical Care North America PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

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" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>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	2586.66									
(c) Total Receipts (from Line 19)	9370.10	18362.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11956.76	25626.76								
7. Total Disbursements (from Line 31)	9005.00	22675.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2951.76	2951.76								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Fresenius Medical Care North America PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

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	8430.00	13726.88
(i) Itemized (use Schedule A)	940.10	4635.37
(ii) Unitemized	9370.10	18362.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9370.10	18362.25
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))	9370.10	18362.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9370.10	18362.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	5.00	175.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5.00	175.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	22500.00
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))..	9005.00	22675.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9005.00	22675.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9370.10	18362.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9370.10	18362.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.00	175.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5.00	175.00

**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 6 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial) Eric Bishop		Date of Receipt MM / DD / YYYY 04 / 27 / 2009
Mailing Address 920 Winter Street		Transaction ID: 90508.C750
City Waltham	State MA	Zip Code 02451-1521
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Fresenius Medical Care NA	Occupation Vice Pres, Finance	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B.

Full Name (Last, First, Middle Initial) Claire Callahan		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 920 Winter St		Transaction ID: 90508.C757
City Waltham	State MA	Zip Code 02451-1521
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
Name of Employer Fresenius Medical Care NA	Occupation SVP Human Resources & Admin	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	Payroll Deduction: (230.7-6/Monthly)

C.

Full Name (Last, First, Middle Initial) David Carter		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 5215 Wiltonwood Ct		Transaction ID: 90508.C819
City Indianapolis	State IN	Zip Code 46254-9665
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Fresenius Medical Care NA	Occupation VP Operations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	Payroll Deduction: (130.0-0/Monthly)

SUBTOTAL of Receipts This Page (optional)	1610.76
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: (check only one)	PAGE 7 / 12
	<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) Simon D Castellanos	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 2670 S Youngfield Ct	Transaction ID: 90508.C759
	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 Payroll Deduction: (230.80/Monthly)
Name of Employer Fresenius Medical Care NA	Occupation Business Unit President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.20	

B.	Full Name (Last, First, Middle Initial) Kathleen Crocker	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 9 Kimball Ct	Transaction ID: 90508.C765
	City State Zip Code Burlington MA 01803-3857	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 VP FMS Operations Sys Devlp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Carol A Ernst	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 22370 N 64th Ave	Transaction ID: 90508.C768
	City State Zip Code Glendale AZ 85310-4259	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 Area Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	

SUBTOTAL of Receipts This Page (optional)	357.72
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 / 12
(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 R Fawcett

Mailing Address 100 Franklin Street

City State Zip Code
Arlington MA 02474-3214

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

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 90508.C824

Amount of Each Receipt this Period
76.00

Receipt

Payroll Deduction: (76.00- /Monthly)

B.

Full Name (Last, First, Middle Initial)
James Freedman

Mailing Address 269 Rolling Meadow

City State Zip Code
Holliston MA 01746-1521

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

Name of Employer Occupation
Fresenius Medical Care NA VP Leadership & Prof Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 90508.C772

Amount of Each Receipt this Period
80.00

Receipt

Payroll Deduction: (80.00- /Monthly)

C.

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 ▼ 615.36

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 90508.C823

Amount of Each Receipt this Period
153.84

Receipt

Payroll Deduction: (153.8-4 /Monthly)

SUBTOTAL of Receipts This Page (optional) ► **309.84**

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 9 / 12
(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 ▼ 923.04

Date of Receipt 04 / 30 / 2009

Transaction ID: 90508.C786

Amount of Each Receipt this Period 230.76

Receipt

Payroll Deduction: (230.7-6/Monthly)

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

Mailing Address 4 Mill Dam Rd

City State Zip Code
Acton MA 01720-5841

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Fresenius Medical Care NA VP Supply Chain Mgt & Tech Srv

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2009

Transaction ID: 90508.C795

Amount of Each Receipt this Period 76.92

Receipt

Payroll Deduction: (76.92-/Monthly)

C. Full Name (Last, First, Middle Initial)
Kathleen Smith

Mailing Address 2309 Scroggins Rd

City State Zip Code
Alexandria VA 22302-3127

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 ▼ 5000.00

Date of Receipt 04 / 22 / 2009

Transaction ID: 90508.C749

Amount of Each Receipt this Period 5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) 5307.68

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: (check only one)	PAGE 10 / 12
	<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

A.	Full Name (Last, First, Middle Initial) Kim Sonnen	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Mailing Address 240 S Madison St	Transaction ID: 90508.C797
	City State Zip Code Denver CO 80209-3010	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA SVP Marketing & Managed Care	Payroll Deduction: (260.0-0/Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

B.	Full Name (Last, First, Middle Initial) Liam Walsh	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Mailing Address 5809 Chatham Ln	Transaction ID: 90508.C801
	City State Zip Code The Colony TX 75056-7109	Amount of Each Receipt this Period 134.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA VP Finance	Payroll Deduction: (134.0-0/Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 796.40	

C.	Full Name (Last, First, Middle Initial) Paul Zabetakis	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Mailing Address 38 Westwind Drive	Transaction ID: 90508.C803
	City State Zip Code Jamestown RI 02835-1001	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA President Renal Research	Payroll Deduction: (450.0-0/Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

SUBTOTAL of Receipts This Page (optional)	▶	844.00
TOTAL This Period (last page this line number only)	▶	8430.00

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)

<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

A. Full Name (Last, First, Middle Initial) Forward Together PAC <hr/> Mailing Address 201 North Union Street Suite 300 <hr/> City Alexandria State VA Zip Code 22314-2642 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name FORWARD TOGETHER PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ annual/other	Transaction ID: 90508.E112 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Becerra for Congress <hr/> Mailing Address PO Box 116 <hr/> City Hyattsville State MD Zip Code 20781-0116 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name XAVIER BECERRA <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90508.E115 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type DIRECT CONTRIBUTION
C. Full Name (Last, First, Middle Initial) Davis for Congress <hr/> Mailing Address 5956 W Race Ave <hr/> City Chicago State IL Zip Code 60644-1462 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name DANNY K DAVIS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90508.E114 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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 12 / 12

<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

A.

Full Name (Last, First, Middle Initial)
Lucille Roybal-Allard for Congress

Transaction ID: 90508.E113

Date of Disbursement

Mailing Address P.O. Box 582

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	9

City Kensington State MD Zip Code 20895-0582

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name
LUCILLE ROYBAL-ALLARD

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 34

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

9000.00
