

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 | 9 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

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| D | D |
| 3 | 0 |

| | | | |
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| 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 | 11426.38 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 3626.72 | 89302.19 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 15053.10 | 96566.70 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 4030.00 | 85543.60 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 11023.10 | 11023.10 | | | | | | | | |
| 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

Write or Type Committee Name
Fresenius Medical Care North America PAC

Report Covering the Period: From:

| | |
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| M | M |
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 To:

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| D | D |
| 3 | 0 |

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| 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) | 2807.67 | 77942.67 |
| (ii) Unitemized | 819.05 | 11359.52 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 3626.72 | 89302.19 |
| (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) | 3626.72 | 89302.19 |
| 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)) | 3626.72 | 89302.19 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 3626.72 | 89302.19 |

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 | 941.60 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 30.00 | 941.60 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 4000.00 | 84602.00 |
| 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)).. | 4030.00 | 85543.60 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 4030.00 | 85543.60 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| 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) | 3626.72 | 89302.19 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 3626.72 | 89302.19 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 30.00 | 941.60 |
| 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 | 941.60 |

**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 / 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 | |

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) Debbie Arrington | Date of Receipt MM / DD / YYYY 09 / 30 / 2009 |
| | Mailing Address 15011 W Columbine Drive | Transaction ID: 91006.C1260 |
| | City State Zip Code Surprise AZ 85379-5936 | Amount of Each Receipt this Period 38.46 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Fresenius Medical Care NA | Occupation Area Manager | Payroll Deduction: (38.46- /Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Charles E Brown | Date of Receipt MM / DD / YYYY 09 / 30 / 2009 |
| | Mailing Address 4640 Glen Coe Street | Transaction ID: 91006.C1304 |
| | City State Zip Code Leesburg FL 34748-2304 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Fresenius Medical Care NA | Occupation Clinical Manager | Payroll Deduction: (40.00- /Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 380.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) David Carter | Date of Receipt MM / DD / YYYY 09 / 30 / 2009 |
| | Mailing Address 5215 Wiltonwood Ct | Transaction ID: 91006.C1319 |
| | 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 Fresenius Medical Care NA | Occupation 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 ▼ 1235.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 208.46 |
| 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: (check only one) | PAGE 7 / 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

| | | | |
|---|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Simon D Castellanos | | Date of Receipt |
| | Mailing Address 2670 S Youngfield Ct | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009 |
| | City | State | Zip Code |
| | Denver | CO | 80228-4937 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 91006.C1267 |
| Name of Employer Fresenius Medical Care NA | | Occupation Business Unit President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 2192.60 | <input type="text"/> 230.80 |
| | | | Receipt |
| | | | Payroll Deduction: (230.8-0/Monthly) |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Steven P Covino | | Date of Receipt |
| | Mailing Address 6 Williams Street | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009 |
| | City | State | Zip Code |
| | Waltham | MA | 02453-4131 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 91006.C1271 |
| Name of Employer Fresenius Medical Care NA | | Occupation Director of Benefits | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 365.37 | <input type="text"/> 38.46 |
| | | | Receipt |
| | | | Payroll Deduction: (38.46-/Monthly) |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Kathleen Crocker | | Date of Receipt |
| | Mailing Address 9 Kimball Ct | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009 |
| | City | State | Zip Code |
| | Burlington | MA | 01803-3857 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 91006.C1273 |
| Name of Employer Fresenius Medical Care NA | | Occupation VP FMS Operations Sys Devlp | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 475.00 | <input type="text"/> 50.00 |
| | | | Receipt |
| | | | Payroll Deduction: (50.00-/Monthly) |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 319.26 |
| TOTAL 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 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)
Carol A Ernst
 Mailing Address 22370 N 64th Ave
 City State Zip Code
 Glendale AZ 85310-4259
 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 ▼
 769.20
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 9
Transaction ID: 91006.C1276
 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 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 ▼
 722.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 9
Transaction ID: 91006.C1324
 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 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 ▼
 760.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 9
Transaction ID: 91006.C1280
 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: (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

| | | | |
|---|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Balaji Gandhi | | Date of Receipt |
| | Mailing Address 920 Winter St | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009 |
| | City | State | Zip Code |
| | Waltham | MA | 02451-1521 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 91006.C1348 |
| Name of Employer Fresenius Medical Care NA | | Occupation VP Govt & External Affairs | Amount of Each Receipt this Period 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 450.00 | Receipt Payroll Deduction: (100.0-0/Monthly) |

| | | | |
|---|---|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Erma Hall | | Date of Receipt |
| | Mailing Address 310 Magnolia Ln | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009 |
| | City | State | Zip Code |
| | Covington | LA | 70433-4719 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 91006.C1337 |
| Name of Employer Fresenius Medical Care NA | | Occupation BU Controller | Amount of Each Receipt this Period 57.70 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 259.65 | Receipt Payroll Deduction: (57.70-/Monthly) |

| | | | |
|---|---|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) James Jacobson | | Date of Receipt |
| | Mailing Address 920 Winter St | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2009 |
| | City | State | Zip Code |
| | Waltham | MA | 02451-1521 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 91006.C1259 |
| Name of Employer Fresenius Medical Care NA | | Occupation Attorney | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | Receipt |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 407.70 |
| 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 / 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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <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) Susan Johnson | | Date of Receipt MM / DD / YYYY 09 / 30 / 2009 |
| Mailing Address 1206 Oak Park Rd | | Transaction ID: 91006.C1347 |
| City Council Bluffs | State IA | Zip Code 51503-1358 |
| FEC ID number of contributing federal political committee. C | | 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 ▼ 225.00 | Payroll Deduction: (50.00- /Monthly) |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Matthew D Kinser | | Date of Receipt MM / DD / YYYY 09 / 30 / 2009 |
| Mailing Address 750 Old Hickory Blvd Suite 230 | | Transaction ID: 91006.C1287 |
| City Brentwood | State TN | Zip Code 37027-4528 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 76.92 |
| 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 ▼ 564.60 | Payroll Deduction: (76.92- /Monthly) |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Brian H Lipinski | | Date of Receipt MM / DD / YYYY 09 / 30 / 2009 |
| Mailing Address 4308 Castle Rock Ct | | Transaction ID: 91006.C1323 |
| City Irving | State TX | Zip Code 75038-6438 |
| 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 ▼ 1461.48 | Payroll Deduction: (153.8- 4/Monthly) |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 280.76 |
| 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 11 / 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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Carmen Maddocks | Date of Receipt MM / DD / YYYY 09 / 30 / 2009 |
| | Mailing Address 4629 E Chandler Blvd #100 | Transaction ID: 91006.C1286 |
| | City State Zip Code Phoenix AZ 85048-0429 | Amount of Each Receipt this Period 76.92 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Fresenius Medical Care NA | Occupation Clinical Manager | Payroll Deduction: (76.92- /Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 269.22 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Patricia H Maurer | Date of Receipt MM / DD / YYYY 09 / 30 / 2009 |
| | Mailing Address 343 Mariner Circle | Transaction ID: 91006.C1291 |
| | City State Zip Code Woodstock GA 30189-5199 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Fresenius Medical Care NA | Occupation USV Director of Finance | Payroll Deduction: (40.00- /Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 380.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Robert McGorty | Date of Receipt MM / DD / YYYY 09 / 30 / 2009 |
| | Mailing Address 2 Walter Circle | Transaction ID: 91006.C1292 |
| | City State Zip Code Westford MA 01886-4533 | Amount of Each Receipt this Period 230.76 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Fresenius Medical Care NA | Occupation VP Finance & Admin | Payroll Deduction: (230.7-6 /Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2192.22 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 347.68 |
| 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 12 / 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)
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 ▼ 230.60

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: 91006.C1325

Amount of Each Receipt this Period
34.59

Receipt

Payroll Deduction: (34.59- /Monthly)

B. 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 ▼ 285.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: 91006.C1294

Amount of Each Receipt this Period
30.00

Receipt

Payroll Deduction: (30.00- /Monthly)

C. 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 ▼ 365.37

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: 91006.C1297

Amount of Each Receipt this Period
38.46

Receipt

Payroll Deduction: (38.46- /Monthly)

SUBTOTAL of Receipts This Page (optional) ► **103.05**

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 / 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)
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 ▼ 2470.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: 91006.C1299

Amount of Each Receipt this Period
260.00

Receipt

Payroll Deduction: (260.0-0/Monthly)

B.

Full Name (Last, First, Middle Initial)
Liam Walsh

Mailing Address 5809 Chatham Ln

City State Zip Code
The Colony TX 75056-7109

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

Name of Employer Occupation
Fresenius Medical Care NA VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1533.40

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: 91006.C1302

Amount of Each Receipt this Period
134.00

Receipt

Payroll Deduction: (134.0-0/Monthly)

C.

Full Name (Last, First, Middle Initial)
Deborah A. Wells

Mailing Address 100 Galleria Pkwy SE Suite 500

City State Zip Code
Atlanta GA 30339-3179

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 ▼ 769.20

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: 91006.C1346

Amount of Each Receipt this Period
153.84

Receipt

Payroll Deduction: (153.8-4/Monthly)

SUBTOTAL of Receipts This Page (optional) ► **547.84**

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 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)
Jeffrey West

Mailing Address 401 Plymouth Road
Suite 500

City State Zip Code
Plymouth Meeting PA 19462-1726

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 ▼ 240.00

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

Transaction ID: 91006.C1351

Amount of Each Receipt this Period
60.00

Receipt

Payroll Deduction: (60.00-
/Monthly)

B.

Full Name (Last, First, Middle Initial)
Paul Zabetakis

Mailing Address 207 E 94th Street
Suite 303

City State Zip Code
New York NY 10128-3705

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

Name of Employer Occupation
Fresenius Medical Care NA President Renal Research

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2850.00

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

Transaction ID: 91006.C1303

Amount of Each Receipt this Period
300.00

Receipt

Payroll Deduction: (300.0-
0/Monthly)

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

2807.67

**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 | | Transaction ID: 90908.E148 | |
| | Mailing Address PO Box 75000 | | Date of Disbursement 09 / 02 / 2009 | |
| | City Detroit | State MI | Zip Code 48275-0001 | Amount of Each Disbursement this Period 30.00 |
| | Purpose of Disbursement Bank Service Charge | | Category/ Type | BANK SERVICE CHARGE |
| | Candidate Name | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| | State: District: | | | |

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 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

A.

Full Name (Last, First, Middle Initial)
Mike Ross for Congress

Transaction ID: 90908.E147
Date of Disbursement

Mailing Address P.O. Box 360

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

City State Zip Code
Prescott AR 71857-0360

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement
DIRECT CONTRIBUTION

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name
MICHAEL AVERY ROSS

Office Sought: House Senate President
Disbursement For: 2010 Primary General
 Other (specify) ▼
State: AR District: 04

DIRECT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Mike Thompson for Congress

Transaction ID: 91006.E149
Date of Disbursement

Mailing Address 236 Massachusetts Ave NE
Suite 603

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 9 |

City State Zip Code
Washington DC 20002-4980

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Purpose of Disbursement
DIRECT CONTRIBUTION

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name
MIKE MR. THOMPSON

Office Sought: House Senate President
Disbursement For: 2010 Primary General
 Other (specify) ▼
State: CA District: 01

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 4000.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
|---------|
| 4000.00 |
|---------|