



RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2006 FEB 10 A 10:59

Fresenius Medical Care North America  
Political Action Committee  
1875 I Street, NW  
12th Floor  
Washington, DC 20006

February 7, 2006

VIA FEDERAL EXPRESS

Michael H. Hartsock  
Campaign Finance Analyst  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Dear Mr. Hartsock:

Enclosed please find an amended 2005 mid-year report, which we corrected in response to your letter dated January 13, 2006. The corrections we made are described below.

First, you noted that we donated to five "leadership PACs," but that we listed a candidate and an election with each one. That was a mistake on our part in reading the instructions to the form and believing that some candidate must always be listed. We did not mean to suggest that there was any ear-marking of our donation through these PACs to a particular candidate. Our donations were unrestricted. We have therefore amended those pages of our report to show just the name of the leadership PAC, but not any candidate or any election.

Second, you identified three candidates to whom we gave more than \$2100 and you asked whether we are a multi-candidate PAC or not. At the time of the donation, we mistakenly believed that our donation limit was \$5,000, but we have since determined that we do not yet qualify as a multi-candidate PAC. Therefore, we have requested appropriate refunds from the three candidates (Baucus, Wyden and Santorum), and the letters requesting those refunds are enclosed.

I believe this addresses all of the issues you raise.

Sincerely,

Kathleen Smith  
Treasurer

Enclosure

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2006 FEB 10 10:59 AM '06

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

FRESENIUS MEDICAL CARE NORTH AMERICA PAC

ADDRESS (number and street) 1875 I STREET NW  
12TH FLOOR  
WASHINGTON D.C. 20006

Check if different than previously reported. (ACC)

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 Year-End 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 (12F)  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 01 / 01 / 2005 through 06 / 30 / 2005

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 T. SMITH

Signature of Treasurer *Kathleen Smith* Date 02 / 07 / 2006

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

**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 1 OF 4

<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**

Full Name (Last, First, Middle Initial)

**A. Secure America's MAJORITY PAC**

Mailing Address: **P.O. Box 860096**

City: **PLANO** State: **TX** Zip Code: **75086**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Category/Type: **0.1.1**

Candidate Name: **N/A**

Office Sought: **N/A** Disbursement For:  Primary  General  Other (specify)  House  Senate  President

State: **N/A** District:

Date of Disbursement: **03**, **21**, **2005**

Amount of Each Disbursement this Period: **2,000.00**

**B. Friends of Max Baucus**

Mailing Address: **818 Connecticut Ave, N.W.**

City: **WASHINGTON** State: **DC.** Zip Code: **20006**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Category/Type: **0.1.1**

Candidate Name: **MAX BAUCUS**

Office Sought:  Senate  House  President Disbursement For:  Primary  General  Other (specify)

State: **MT** District:

Date of Disbursement: **03**, **21**, **2005**

Amount of Each Disbursement this Period: **5,000.00**

**C. Wyden for Senate**

Mailing Address: **123 N.E. 3rd Street, Suite 321**

City: **PORTLAND** State: **OR** Zip Code: **97232**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Category/Type: **0.1.1**

Candidate Name:

Office Sought:  Senate  House  President Disbursement For:  Primary  General  Other (specify)

State: **OR** District:

Date of Disbursement: **04**, **25**, **2005**

Amount of Each Disbursement this Period: **3,000.00**

SUBTOTAL of Disbursements This Page (optional): **10,000.00**

TOTAL This Period (last page this line number only): **25,000.00**

**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**

Full Name (Last, First, Middle Initial)  
**A. Texas Freedom Fund**

Mailing Address  
**104 Hume Ave**

City **Alexandria** State **VA** Zip Code **22301**

Purpose of Disbursement  
**Political Contribution**

Candidate Name  
**N/A**

Office Sought: **N/A** House  Senate  President  District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement  
**04 / 29 / 2005**

Amount of Each Disbursement this Period  
**1,000.00**

Category/Type  
**011**

Full Name (Last, First, Middle Initial)  
**B. Congressional Majority Committee**

Mailing Address  
**P.O. Box 746**

City **BAKERS FIELD** State **CA** Zip Code **93302**

Purpose of Disbursement  
**Political Contribution**

Candidate Name  
**N/A**

Office Sought: **N/A** House  Senate  President  District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement  
**04 / 25 / 2005**

Amount of Each Disbursement this Period  
**1,000.00**

Category/Type  
**011**

Full Name (Last, First, Middle Initial)  
**C. COMMITTEE FOR PRESERVATION OF CAPITALISM**

Mailing Address  
**P.O. Box 65314**

City **WASHINGTON** State **DC** Zip Code **20036**

Purpose of Disbursement  
**Political Contribution**

Candidate Name  
**N/A**

Office Sought: **N/A** House  Senate  President  District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement  
**05 / 19 / 2005**

Amount of Each Disbursement this Period  
**1,000.00**

Category/Type  
**011**

SUBTOTAL of Disbursements This Page (optional) **3,000.00**

TOTAL This Period (last page this line number only) **25,000.00**

**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

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)  
**HAWKEYE PAC**

Mailing Address  
**3905 SYLVAN AVE**

City  
**SIoux City** State  
**IA** Zip Code  
**51104**

Purpose of Disbursement  
**Political Contribution**

Candidate Name  
**N/A**

Office Sought:  House  Senate  President  
State: **N/A** District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
**06 / 23 / 2005**

Amount of Each Disbursement this Period  
**4,000.00**

Category/Type  
**011**

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **4,000.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **25,000.00**



Fresenius Medical Care North America  
Political Action Committee  
1875 I Street, NW  
12th Floor  
Washington, DC 20006

February 6, 2006

Santorum 2006  
ATTN: PAC Treasurer  
One Tower Bridge, Suite 1440  
West Conshohocken, PA 19428

Dear PAC Treasurer:

The Fresenius Medical Care North America PAC made a contribution to your organization in June of 2005 in the amount of \$4,000 in the mistaken belief that we were a multi-candidate PAC. The FEC has informed us that our current contribution limit is only \$2,100 per election and has also directed us to obtain a refund from your organization in the amount of \$1,900. Please remit the above amount to my attention at your earliest convenience.

Please let me know if you have any questions.

Sincerely,

Kathleen Smith  
Treasurer

KS/zkf



Fresenius Medical Care North America  
Political Action Committee  
1875 I Street, NW  
12th Floor  
Washington, DC 20006

February 6, 2006

Wyden for Senate  
ATTN: PAC Treasurer  
123 NE 3<sup>rd</sup>, Suite 321  
Portland, Oregon 97232

Dear PAC Treasurer:

The Fresenius Medical Care North America PAC made a contribution to your organization in April of 2005 in the amount of \$3,000 in the mistaken belief that we were a multi-candidate PAC. The FEC has informed us that our current contribution limit is only \$2,100 per election and has also directed us to obtain a refund from your organization in the amount of \$900. Please remit the above amount to my attention at your earliest convenience.

Please let me know if you have any questions.

Sincerely,

Kathleen Smith  
Treasurer

KS/zkf



Fresenius Medical Care North America  
Political Action Committee  
1875 I Street, NW  
12th Floor  
Washington, DC 20006

February 6, 2006

Friends of Max Baucus  
ATTN: PAC Treasurer  
P.O. Box 586  
Helena, MT 59624

Dear PAC Treasurer:

The Fresenius Medical Care North America PAC made a contribution to your organization in March of 2005 in the amount of \$5,000 in the mistaken belief that we were a multi-candidate PAC. The FEC has informed us that our current contribution limit is only \$2,100 per election and has also directed us to obtain a refund from your organization in the amount of \$2,900. Please remit the above amount to my attention at your earliest convenience.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Kathleen Smith". The signature is written in a cursive style.

Kathleen Smith  
Treasurer

KS/zkf

