

# 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 07 01 2009 through 07 31 2009

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

Type or Print Name of Treasurer Kathleen Smith

Signature of Treasurer Electronically Filed by Kathleen Smith Date 08 05 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**

Write or Type Committee Name  
Fresenius Medical Care North America PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		7264.51
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	4072.54									
(c) Total Receipts (from Line 19) .....	14802.72	79847.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	18875.26	87112.17								
7. Total Disbursements (from Line 31) .....	11101.81	79338.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7773.45	7773.45								
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:    To:

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) .....	13605.59	70298.84
(ii) Unitemized .....	1197.13	9548.82
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14802.72	79847.66
(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) .....	14802.72	79847.66
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)) .....	14802.72	79847.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14802.72	79847.66

**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.....	101.81	736.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	101.81	736.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	78602.00
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))..	11101.81	79338.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11101.81	79338.72

**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) .....	14802.72	79847.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14802.72	79847.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	101.81	736.72
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	101.81	736.72

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

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

FOR LINE NUMBER: PAGE 6 / 17  
(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)  
Debbie Arrington

Mailing Address 15011 W Columbine Drive

City State Zip Code  
Surprise AZ 85379-5936

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 ▼ 307.68

Date of Receipt M M / D D / Y Y Y Y Y  
07 / 31 / 2009

**Transaction ID:** 90805.C1067

Amount of Each Receipt this Period 38.46

Receipt

Payroll Deduction: (38.46- /Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Brett Barton

Mailing Address 4191 W 4550 S

City State Zip Code  
West Haven UT 84401-8440

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Fresenius Medical Care NA Fiber-Rectification Dept Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.24

Date of Receipt M M / D D / Y Y Y Y Y  
07 / 31 / 2009

**Transaction ID:** 90805.C1070

Amount of Each Receipt this Period 19.25

Receipt

Payroll Deduction: (19.25- /Monthly)

**C.** 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 ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y  
07 / 31 / 2009

**Transaction ID:** 90805.C1116

Amount of Each Receipt this Period 40.00

Receipt

Payroll Deduction: (40.00- /Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... 97.71

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 17  
(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)  
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 ▼ 1384.68

Date of Receipt 07 / 31 / 2009

**Transaction ID:** 90805.C1074

Amount of Each Receipt this Period 0.12

Receipt

Payroll Deduction: (0.12/- Monthly)

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

Mailing Address 5215 Wiltonwood Ct

City State Zip Code  
Indianapolis IN 46254-9665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Fresenius Medical Care NA VP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt 07 / 31 / 2009

**Transaction ID:** 90805.C1131

Amount of Each Receipt this Period 130.00

Receipt

Payroll Deduction: (130.0-0/Monthly)

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

Mailing Address 2670 S Youngfield Ct

City State Zip Code  
Denver CO 80228-4937

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Fresenius Medical Care NA Business Unit President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1731.00

Date of Receipt 07 / 31 / 2009

**Transaction ID:** 90805.C1076

Amount of Each Receipt this Period 346.20

Receipt

Payroll Deduction: (346.2-0/Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... 476.32

**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 8 / 17
	<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) Steven P Covino	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 6 Williams Street	<b>Transaction ID:</b> 90805.C1080
	City State Zip Code Waltham MA 02453-4131	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (57.69- /Monthly)
Name of Employer Fresenius Medical Care NA	Occupation Director of Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathleen Crocker	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 9 Kimball Ct	<b>Transaction ID:</b> 90805.C1082
	City State Zip Code Burlington MA 01803-3857	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (75.00- /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 ▼ 375.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carol A Ernst	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 22370 N 64th Ave	<b>Transaction ID:</b> 90805.C1085
	City State Zip Code Glendale AZ 85310-4259	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 615.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>209.61</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 9 / 17  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mark R Fawcett</p> <p>Mailing Address 100 Franklin Street</p> <p>City State Zip Code Arlington MA 02474-3214</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Fresenius Medical Care NA Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">570.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 31 / 2009</span></p> <p><b>Transaction ID:</b> 90805.C1136</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">114.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (114.0-0/Monthly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) James Freedman</p> <p>Mailing Address 269 Rolling Meadow</p> <p>City State Zip Code Holliston MA 01746-1521</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Fresenius Medical Care NA VP Leadership &amp; Prof Dev</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">600.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 31 / 2009</span></p> <p><b>Transaction ID:</b> 90805.C1089</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">120.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (120.0-0/Monthly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Balaji Gandhi</p> <p>Mailing Address 920 Winter St</p> <p>City State Zip Code Waltham MA 02451-1521</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Fresenius Medical Care NA VP Govt &amp; External Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 31 / 2009</span></p> <p><b>Transaction ID:</b> 90805.C1160</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (150.0-0/Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">384.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 / 17
	<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) Patrick C Guiney	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 231 May Apple Lane	<b>Transaction ID:</b> 90805.C1091
	City State Zip Code Alpharetta GA 30005-6904	Amount of Each Receipt this Period 0.02
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (0.02/-Monthly)
Name of Employer Fresenius Medical Care NA	Occupation VP Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.78	

<b>B.</b>	Full Name (Last, First, Middle Initial) Matthew D Kinser	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 750 Old Hickory Blvd Suite 230	<b>Transaction ID:</b> 90805.C1098
	City State Zip Code Brentwood TN 37027-4528	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (115.3-8/Monthly)
Name of Employer Fresenius Medical Care NA	Occupation VP Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.76	

<b>C.</b>	Full Name (Last, First, Middle Initial) J. Michael Lazarus, MD	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address 60 Old Colony Rd	<b>Transaction ID:</b> 90805.C1066
	City State Zip Code Wellesley Hills MA 02481-2844	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Fresenius Medical Care NA	Occupation Sr Exec VP Chief Med Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5115.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17  
(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)  
Brian H Lipinski  
 Mailing Address 4308 Castle Rock Ct  
 City Irving State TX Zip Code 75038-6438  
 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 1153.80  
 Date of Receipt: 07 / 31 / 2009  
**Transaction ID:** 90805.C1135  
 Amount of Each Receipt this Period: 153.84  
 Receipt  
 Payroll Deduction: (153.8-4/Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Patricia H Maurer  
 Mailing Address 343 Mariner Circle  
 City Woodstock State GA Zip Code 30189-5199  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Fresenius Medical Care NA Occupation: USV Director of Finance  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 300.00  
 Date of Receipt: 07 / 31 / 2009  
**Transaction ID:** 90805.C1102  
 Amount of Each Receipt this Period: 40.00  
 Receipt  
 Payroll Deduction: (40.00-/Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Robert McGorty  
 Mailing Address 2 Walter Circle  
 City Westford State MA Zip Code 01886-4533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Fresenius Medical Care NA Occupation: VP Finance & Admin  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1730.70  
 Date of Receipt: 07 / 31 / 2009  
**Transaction ID:** 90805.C1103  
 Amount of Each Receipt this Period: 346.14  
 Receipt  
 Payroll Deduction: (346.1-4/Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... **539.98**  
**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 / 17  
(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)  
Donna M Painter

Mailing Address 105 W 7th Avenue  
Suite 1000

City Corsicana State TX Zip Code 75110-6449

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

Name of Employer Fresenius Medical Care NA Occupation Regional VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2009  
**Transaction ID:** 90805.C1105  
 Amount of Each Receipt this Period 30.00  
 Receipt  
 Payroll Deduction: (30.00- /Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Lawrence K Park

Mailing Address 2 Hilltop Drive

City Peabody State MA Zip Code 01960-3185

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

Name of Employer Fresenius Medical Care NA Occupation VP Health Safety & Risk Mgt

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.76

Date of Receipt 07 / 07 / 2009  
**Transaction ID:** 90709.C1064  
 Amount of Each Receipt this Period 650.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Brian Riddle

Mailing Address 8 Brookside Ct

City Methuen State MA Zip Code 01844-1245

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

Name of Employer Fresenius Medical Care NA Occupation Dir Compliance Audits

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2009  
**Transaction ID:** 90805.C1108  
 Amount of Each Receipt this Period 57.69  
 Receipt  
 Payroll Deduction: (57.69- /Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **737.69**

**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 / 17  
(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)  
David Santis

Mailing Address 4 Mill Dam Rd

City Acton State MA Zip Code 01720-5841

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1561.56

Date of Receipt: 07 / 31 / 2009  
**Transaction ID:** 90805.C1109  
 Amount of Each Receipt this Period: 0.04  
 Receipt  
 Payroll Deduction: (0.04/-Monthly)

**B.**

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

Mailing Address 240 S Madison St

City Denver State CO Zip Code 80209-3010

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt: 07 / 31 / 2009  
**Transaction ID:** 90805.C1111  
 Amount of Each Receipt this Period: 390.00  
 Receipt  
 Payroll Deduction: (390.0-0/Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mats Wahlstrom

Mailing Address 3301 Oak St

City Wheat Ridge State CO Zip Code 80033-5458

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 ▼ 5000.00

Date of Receipt: 07 / 14 / 2009  
**Transaction ID:** 90805.C1065  
 Amount of Each Receipt this Period: 5000.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5390.04**

**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 / 17  
(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)  
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 ▼ 1265.40

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** 90805.C1114

Amount of Each Receipt this Period  
201.00

Receipt

Payroll Deduction: (201.0-0/Monthly)

**B.** 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 ▼ 461.52

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** 90805.C1158

Amount of Each Receipt this Period  
153.84

Receipt

Payroll Deduction: (153.8-4/Monthly)

**C.** 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 ▼ 2250.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** 90805.C1115

Amount of Each Receipt this Period  
300.00

Receipt

Payroll Deduction: (300.0-0/Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **654.84**

**TOTAL** This Period (last page this line number only) ..... ► **13605.59**

**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 / 17

<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: 90709.E137	
	Mailing Address PO Box 75000		Date of Disbursement 07 / 02 / 2009	
	City Detroit	State MI	Zip Code 48275-0001	Amount of Each Disbursement this Period 39.36
	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>39.36</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>39.36</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)

<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. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 425 Secon Street, NE

City Washington State DC Zip Code 20002-4914

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
State: District: annual/other

Transaction ID: 90805.E142  
Date of Disbursement

07 / 27 / 2009

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

**B. Friends of Kent Conrad**

Full Name (Last, First, Middle Initial)

Mailing Address 426 C Street NE

City Washington State DC Zip Code 20002-5839

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
GAYLORD KENT CONRAD

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: ND District: 00

Transaction ID: 90805.E140  
Date of Disbursement

07 / 27 / 2009

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

**C. Feinstein for Senate**

Full Name (Last, First, Middle Initial)

Mailing Address 426 C Street NE

City Washington State DC Zip Code 20002-5839

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
DIANNE FEINSTEIN

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CA District: 00

Transaction ID: 90805.E141  
Date of Disbursement

07 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

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

6000.00

**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 17 / 17

<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)  
Citizens for Arlen Specter

Transaction ID: 90805.E139

Date of Disbursement

Mailing Address 236 Massachusetts Ave NE  
Suite 602

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	9

City Washington State DC Zip Code 20002-4971

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
DIRECT CONTRIBUTION

Category/  
Type

Candidate Name  
ARLEN SPECTER

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 00

DIRECT CONTRIBUTION

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

5000.00
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TOTAL This Period (last page this line number only) .....

11000.00
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