

# 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 11 01 2009 through 11 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 12 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**

Write or Type Committee Name  
Fresenius Medical Care North America PAC

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

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"><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 .....	15023.71									
(c) Total Receipts (from Line 19) .....	3053.34	102389.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	18077.05	109654.25								
7. Total Disbursements (from Line 31) .....	4729.67	96306.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	13347.38	13347.38								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Fresenius Medical Care North America PAC

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

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		
(i) Itemized (use Schedule A) .....	2421.52	89413.78
(ii) Unitemized .....	631.82	12975.96
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3053.34	102389.74
(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) .....	3053.34	102389.74
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)) .....	3053.34	102389.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3053.34	102389.74

**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.....	229.67	1204.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	229.67	1204.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	95102.00
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))..	4729.67	96306.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4729.67	96306.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	3053.34	102389.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3053.34	102389.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	229.67	1204.87
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	229.67	1204.87

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18  
(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)  
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 ▼ 480.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** 91208.C1449

Amount of Each Receipt this Period  
38.46

Receipt

Payroll Deduction: (38.46- /Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
John R Barr

Mailing Address 14326 South Gary Avenue

City State Zip Code  
Bixby OK 74008-8032

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

Name of Employer Occupation  
Fresenius Medical Care NA Manager, Field Service & Train

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** 91208.C1451

Amount of Each Receipt this Period  
20.00

Receipt

Payroll Deduction: (20.00- /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 ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** 91208.C1493

Amount of Each Receipt this Period  
40.00

Receipt

Payroll Deduction: (40.00- /Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **98.46**

**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: PAGE 7 / 18  
(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 Carter

Mailing Address 5215 Wiltonwood Ct

City Indianapolis State IN Zip Code 46254-9665

FEC ID number of contributing federal political committee. C

Name of Employer: Fresenius Medical Care NA Occupation: VP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1560.00

Date of Receipt: 11 / 30 / 2009

**Transaction ID:** 91208.C1507

Amount of Each Receipt this Period: 130.00

Receipt

Payroll Deduction: (130.0-0/Monthly)

**B.**

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

Mailing Address 2670 S Youngfield Ct

City Denver State CO Zip Code 80228-4937

FEC ID number of contributing federal political committee. C

Name of Employer: Fresenius Medical Care NA Occupation: Business Unit President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2769.60

Date of Receipt: 11 / 30 / 2009

**Transaction ID:** 91208.C1456

Amount of Each Receipt this Period: 230.80

Receipt

Payroll Deduction: (230.8-0/Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Steven P Covino

Mailing Address 6 Williams Street

City Waltham State MA Zip Code 02453-4131

FEC ID number of contributing federal political committee. C

Name of Employer: Fresenius Medical Care NA Occupation: Director of Benefits

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt: 11 / 30 / 2009

**Transaction ID:** 91208.C1460

Amount of Each Receipt this Period: 38.46

Receipt

Payroll Deduction: (38.46-/Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... 399.26

**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 / 18  
(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)  
Kathleen Crocker

Mailing Address 9 Kimball Ct

City Burlington State MA Zip Code 01803-3857

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

Name of Employer: Fresenius Medical Care NA Occupation: VP FMS Operations Sys Devlp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 11 / 30 / 2009

Transaction ID: 91208.C1462

Amount of Each Receipt this Period: 50.00

Receipt

Payroll Deduction: (50.00- /Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Nicole Devore

Mailing Address 801 Pennsylvania Ave NW Suite 225

City Washington State DC Zip Code 20004-2604

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

Name of Employer: Fresenius Medical Care NA Occupation: Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt: 11 / 30 / 2009

Transaction ID: 91208.C1470

Amount of Each Receipt this Period: 38.46

Receipt

Payroll Deduction: (38.46- /Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Carol A Ernst

Mailing Address 22370 N 64th Ave

City Glendale State AZ Zip Code 85310-4259

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

Name of Employer: Fresenius Medical Care NA Occupation: Area Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 11 / 30 / 2009

Transaction ID: 91208.C1465

Amount of Each Receipt this Period: 76.92

Receipt

Payroll Deduction: (76.92- /Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **165.38**

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

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

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

FOR LINE NUMBER: PAGE 9 / 18  
(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

<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;">912.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 30 / 2009</p> <p><b>Transaction ID:</b> 91208.C1512</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">76.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (76.00- /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;">960.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 30 / 2009</p> <p><b>Transaction ID:</b> 91208.C1469</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">80.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (80.00- /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;">700.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 30 / 2009</p> <p><b>Transaction ID:</b> 91208.C1536</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (100.0- 0/Monthly )</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">256.00</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: PAGE 10 / 18  
(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)  
Kimberly Grelle-Swint

Mailing Address 6100 Bandera Rd  
Suite 600

City San Antonio State TX Zip Code 78238-1667

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

Name of Employer: Fresenius Medical Care NA  
Occupation: Regional Director of Education

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt: 11 / 30 / 2009  
Transaction ID: 91208.C1524  
Amount of Each Receipt this Period: 38.46  
Receipt  
Payroll Deduction: (38.46- /Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Erma Hall

Mailing Address 310 Magnolia Ln

City Covington State LA Zip Code 70433-4719

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

Name of Employer: Fresenius Medical Care NA  
Occupation: BU Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.90

Date of Receipt: 11 / 30 / 2009  
Transaction ID: 91208.C1525  
Amount of Each Receipt this Period: 57.70  
Receipt  
Payroll Deduction: (57.70- /Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
K. Brett Heiner

Mailing Address 874 West 1145 North

City West Point State UT Zip Code 84015-8876

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

Name of Employer: Fresenius Medical Care NA  
Occupation: Distribution Center Manager II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 11 / 30 / 2009  
Transaction ID: 91208.C1474  
Amount of Each Receipt this Period: 20.00  
Receipt  
Payroll Deduction: (20.00- /Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **116.16**

**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 11 / 18  
(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) Susan Johnson		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 1206 Oak Park Rd		<b>Transaction ID:</b> 91208.C1535
City Council Bluffs	State IA	Zip Code 51503-1358
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Fresenius Medical Care NA	Occupation Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	Payroll Deduction: (50.00- /Monthly)

**B.**

Full Name (Last, First, Middle Initial) Matthew D Kinser		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 750 Old Hickory Blvd Suite 230		<b>Transaction ID:</b> 91208.C1477
City Brentwood	State TN	Zip Code 37027-4528
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 756.90	Payroll Deduction: (76.92- /Monthly)

**C.**

Full Name (Last, First, Middle Initial) Brian H Lipinski		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 4308 Castle Rock Ct		<b>Transaction ID:</b> 91208.C1511
City Irving	State TX	Zip Code 75038-6438
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 153.84
Name of Employer Fresenius Medical Care NA	Occupation Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1846.08	Payroll Deduction: (153.8- 4/Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	280.76
<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 12 / 18  
(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)  
Wm Gary Livesay

Mailing Address 520 10th Avenue South

City State Zip Code  
Surfside Beach MA 29575-3213

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 ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** 91208.C1497

Amount of Each Receipt this Period  
20.00

Receipt

Payroll Deduction: (20.00- /Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Carmen Maddocks

Mailing Address 4629 E Chandler Blvd #100

City State Zip Code  
Phoenix AZ 85048-0429

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 ▼ 461.52

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** 91208.C1476

Amount of Each Receipt this Period  
76.92

Receipt

Payroll Deduction: (76.92- /Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Patricia H Maurer

Mailing Address 343 Mariner Circle

City State Zip Code  
Woodstock GA 30189-5199

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

Name of Employer Occupation  
Fresenius Medical Care NA USV Director of Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** 91208.C1481

Amount of Each Receipt this Period  
40.00

Receipt

Payroll Deduction: (40.00- /Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **136.92**

**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: PAGE 13 / 18  
(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 ▼ 2769.12

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** 91208.C1482

Amount of Each Receipt this Period  
230.76

Receipt

Payroll Deduction: (230.7-6/Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Judith Moran

Mailing Address 2201 South Clinton Ave  
2nd Floor

City State Zip Code  
South Plainfield NJ 07080-1473

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

Name of Employer Occupation  
Fresenius Medical Care NA Regional Vice President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** 91208.C1459

Amount of Each Receipt this Period  
38.46

Receipt

Payroll Deduction: (38.46-/Monthly)

**C.** 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 ▼ 288.25

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** 91208.C1513

Amount of Each Receipt this Period  
23.06

Receipt

Payroll Deduction: (23.06-/Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **292.28**

**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 / 18  
(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)  
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 ▼ 360.00

Date of Receipt 11 / 30 / 2009

Transaction ID: 91208.C1484

Amount of Each Receipt this Period 30.00

Receipt

Payroll Deduction: (30.00- /Monthly)

**B.**

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 ▼ 461.52

Date of Receipt 11 / 30 / 2009

Transaction ID: 91208.C1487

Amount of Each Receipt this Period 38.46

Receipt

Payroll Deduction: (38.46- /Monthly)

**C.**

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 ▼ 3120.00

Date of Receipt 11 / 30 / 2009

Transaction ID: 91208.C1489

Amount of Each Receipt this Period 260.00

Receipt

Payroll Deduction: (260.0-0 /Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **328.46**

**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: PAGE 15 / 18  
(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)  
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 ▼ 1868.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** 91208.C1492

Amount of Each Receipt this Period  
134.00

Receipt

Payroll Deduction: (134.0-0/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 ▼ 1153.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** 91208.C1534

Amount of Each Receipt this Period  
153.84

Receipt

Payroll Deduction: (153.8-4/Monthly)

**C.**

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 ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** 91208.C1539

Amount of Each Receipt this Period  
60.00

Receipt

Payroll Deduction: (60.00-/Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **347.84**

**TOTAL** This Period (last page this line number only) ..... ► **2421.52**

**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 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)  
Comerica Bank

Mailing Address PO Box 75000

City State Zip Code  
Detroit MI 48275-0001

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 91109.E153

Date of Disbursement

/   /

Amount of Each Disbursement this Period

BANK SERVICE CHARGE

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

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)

<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) Bennett Election Committee, Inc.	Transaction ID: 91208.E156 Date of Disbursement 11 / 23 / 2009
	Mailing Address 175 S West Temple Suite 650	Amount of Each Disbursement this Period 1000.00
	City Salt Lake City State UT Zip Code 84101-1410	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/Type
	Candidate Name ROBERT F BENNETT	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Charles Gonzalez Congressional Committee	Transaction ID: 91208.E157 Date of Disbursement 11 / 23 / 2009
	Mailing Address 236 Massachusetts Ave NE Suite 603	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20002-4980	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/Type
	Candidate Name CHARLES A GONZALEZ	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) IMPACT	Transaction ID: 91208.E154 Date of Disbursement 11 / 10 / 2009
	Mailing Address 426 C Street, NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002-5839	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/Type
	Candidate Name IMPACT	
	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
		DIRECT CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> 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 18 / 18

<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) Stabenow for U.S. Senate	Transaction ID: 91208.E155 Date of Disbursement
	Mailing Address 426 C Street NE	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002-5839	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name DEBBIE STABENOW	DIRECT CONTRIBUTION
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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