

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Fresenius Medical Care North America PAC

ADDRESS (number and street) 801 Pennsylvania Avenue, NW
Suite 255
 Check if different than previously reported. (ACC)
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** C00401299
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2011 through 04 30 2011

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

Type or Print Name of Treasurer Kathleen Smith

Signature of Treasurer Electronically Filed by Kathleen Smith Date 05 11 2011

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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		8003.27
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	15688.32									
(c) Total Receipts (from Line 19)	30245.56	65117.19								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45933.88	73120.46								
7. Total Disbursements (from Line 31)	9026.38	36212.96								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36907.50	36907.50								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Fresenius Medical Care North America PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	26616.12	56173.91
(ii) Unitemized	2629.44	7943.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29245.56	64117.19
(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)	29245.56	64117.19
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	1000.00	1000.00
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))	30245.56	65117.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30245.56	65117.19

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.....	526.38	712.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	526.38	712.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	8500.00	35500.00
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))..	9026.38	36212.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9026.38	36212.96

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)	29245.56	64117.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29245.56	64117.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	526.38	712.96
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	526.38	712.96

**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 / 20
	<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) Gary Booth		Date of Receipt
	Mailing Address 5576 Salisbury Drive		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Roanoke	VA	24018
	FEC ID number of contributing federal political committee. C		Transaction ID: 10412.C2960
Name of Employer Fresenius Medical Care NA		Occupation Regional Vice 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" value="400.00"/>
		<input type="text" value="400.00"/>	Receipt

B.	Full Name (Last, First, Middle Initial) Mike Brosnan		Date of Receipt
	Mailing Address 51 Vose Hill Rd		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Westford	MA	01886-4527
	FEC ID number of contributing federal political committee. C		Transaction ID: 10511.C3062
Name of Employer Fresenius Medical Care NA		Occupation CFO	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" value="5000.00"/>
		<input type="text" value="5000.00"/>	Receipt

C.	Full Name (Last, First, Middle Initial) Nicholas Brownlee		Date of Receipt
	Mailing Address 12 Deer Grass Ln		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Acton	MA	01720-4755
	FEC ID number of contributing federal political committee. C		Transaction ID: 10511.C3091
Name of Employer Fresenius Medical Care NA		Occupation President SRM	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" value="384.62"/>
		<input type="text" value="1730.79"/>	Receipt
			Payroll Deduction: (384.6-2/Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5784.62"/>
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 7 / 20
(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 ▼ 1320.00

Date of Receipt 04 / 30 / 2011

Transaction ID: 10511.C3081

Amount of Each Receipt this Period 330.00

Receipt

Payroll Deduction: (330.0-0/Pay Period)

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 ▼ 520.00

Date of Receipt 04 / 30 / 2011

Transaction ID: 10511.C3151

Amount of Each Receipt this Period 130.00

Receipt

Payroll Deduction: (130.0-0/Pay Period)

C. Full Name (Last, First, Middle Initial)
Monica A. Cobb

Mailing Address 5251 DTC Parkway Suite 500

City State Zip Code
Englewood CO 80111-4244

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 ▼ 250.00

Date of Receipt 04 / 20 / 2011

Transaction ID: 10511.C3066

Amount of Each Receipt this Period 250.00

Receipt

SUBTOTAL of Receipts This Page (optional) 710.00

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 / 20
(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)
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 ▼ 326.91
Date of Receipt: 04 / 30 / 2011
Transaction ID: 10511.C3087
Amount of Each Receipt this Period: 153.84
Receipt
Payroll Deduction: (153.8-4/Pay Period)

B. Full Name (Last, First, Middle Initial)
Joyce B. Dennis
Mailing Address 2705 S Breckenridge Dr
City Independence State MO Zip Code 64055-7205
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 ▼ 500.00
Date of Receipt: 04 / 05 / 2011
Transaction ID: 10412.C2963
Amount of Each Receipt this Period: 500.00
Receipt

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 ▼ 307.68
Date of Receipt: 04 / 30 / 2011
Transaction ID: 10511.C3092
Amount of Each Receipt this Period: 76.92
Receipt
Payroll Deduction: (76.92- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶ **730.76**
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 9 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark R Fawcett	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 100 Franklin Street	Transaction ID: 10511.C3157
	City State Zip Code Arlington MA 02474-3214	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA Director	Payroll Deduction: (76.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

B.	Full Name (Last, First, Middle Initial) Deborah A. Forshee	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 100 Galleria Pkwy SE Suite 500	Transaction ID: 10511.C3175
	City State Zip Code Atlanta GA 30339-3179	Amount of Each Receipt this Period 153.84
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA Director	Payroll Deduction: (153.8-4/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.36	

C.	Full Name (Last, First, Middle Initial) James Freedman	Date of Receipt MM / DD / YYYY 04 / 22 / 2011
	Mailing Address 269 Rolling Meadow	Transaction ID: 10511.C3067
	City State Zip Code Holliston MA 01746-1521	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA VP Leadership & Prof Dev	Payroll Deduction: (1240.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1240.00	

SUBTOTAL of Receipts This Page (optional)	▶	1229.84
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: (check only one)	PAGE 10 / 20
	<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) James Freedman	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 269 Rolling Meadow	Transaction ID: 10511.C3096
	City Holliston State MA Zip Code 01746-1521	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Fresenius Medical Care NA	Occupation VP Leadership & Prof Dev	Payroll Deduction: (80.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00	

B.	Full Name (Last, First, Middle Initial) Balaji Gandhi	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 920 Winter St	Transaction ID: 10511.C3176
	City Waltham State MA Zip Code 02451-1521	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Fresenius Medical Care NA	Occupation VP Govt & External Affairs	Payroll Deduction: (100.0- 0/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Terry O Gilpin	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 4631 Woodland Corporate Blvd Suite 113	Transaction ID: 10511.C3130
	City Tampa State FL Zip Code 33614-2414	Amount of Each Receipt this Period 153.84
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Fresenius Medical Care NA	Occupation President DSD North Ops	Payroll Deduction: (153.8- 4/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.36	

SUBTOTAL of Receipts This Page (optional)	333.84
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: (check only one)	PAGE 11 / 20
	<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) Deborah Harvey	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 1602 Hampton Oaks Bnd	Transaction ID: 10511.C3104
	City State Zip Code Marietta GA 30066-4451	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA Senior Vice President	Payroll Deduction: (300.0-0/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) Matthew D Kinser	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 750 Old Hickory Blvd Suite 230	Transaction ID: 10511.C3107
	City State Zip Code Brentwood TN 37027-4528	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA VP Managed Care	Payroll Deduction: (76.92-/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	

C.	Full Name (Last, First, Middle Initial) Douglas G. Kott	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 211 Claybook Rd.	Transaction ID: 10511.C3085
	City State Zip Code Dover MA 02030-2008	Amount of Each Receipt this Period 384.62
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA Director	Payroll Deduction: (384.6-2/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.48	

SUBTOTAL of Receipts This Page (optional)	761.54
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 20
(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)
J. Michael Lazarus, MD
Mailing Address 920 Winter St
City Waltham State MA Zip Code 02451-1521
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Sr Exec VP Chief Med Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 04 / 05 / 2011
Transaction ID: 10412.C2965
Amount of Each Receipt this Period 5000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Frank Maddux
Mailing Address 750 Old Hickory Blvd Suite 230
City Brentwood State TN Zip Code 37027-4528
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Chief Medical Inform. Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 04 / 18 / 2011
Transaction ID: 10511.C3060
Amount of Each Receipt this Period 5000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Donna McCarthy
Mailing Address 34 Warren St
City Wellfleet State MA Zip Code 02667-8527
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation West Division President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 923.04
Date of Receipt 04 / 30 / 2011
Transaction ID: 10511.C3075
Amount of Each Receipt this Period 230.76
Receipt
Payroll Deduction: (230.7-6/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 10230.76
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 13 / 20
	<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) Robert McGorty	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 2 Walter Circle	Transaction ID: 10511.C3115
	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 Payroll Deduction: (230.7-6/Pay Period)
Name of Employer Fresenius Medical Care NA	Occupation VP Finance & Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	

B.	Full Name (Last, First, Middle Initial) Jeff McPherson	Date of Receipt MM / DD / YYYY 04 / 11 / 2011
	Mailing Address 101 North Adderley	Transaction ID: 10412.C2964
	City State Zip Code Madison MS 39110-8860	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Fresenius Medical Care NA	Occupation Group Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Keith Mentz	Date of Receipt MM / DD / YYYY 04 / 21 / 2011
	Mailing Address 250 East Day Road Suite 300	Transaction ID: 10511.C3063
	City State Zip Code Mishawaka IN 46545-3471	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	3730.76
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: PAGE 14 / 20
(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)
Claudy Mullon

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

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

Name of Employer Occupation
Fresenius Medical Care NA VP Clinical Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: 10511.C3068

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451-3185

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: 10511.C3061

Amount of Each Receipt this Period
750.00

Receipt

C. Full Name (Last, First, Middle Initial)
Barbara Read

Mailing Address 3333 West Coast Highway
Suite 300

City State Zip Code
Newport Beach CA 92663

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: 10412.C2959

Amount of Each Receipt this Period
400.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

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 / 20
(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)
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 1000.00
Date of Receipt: 04 / 21 / 2011
Transaction ID: 10511.C3064
Amount of Each Receipt this Period: 1000.00
Receipt

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 1040.00
Date of Receipt: 04 / 30 / 2011
Transaction ID: 10511.C3126
Amount of Each Receipt this Period: 260.00
Receipt
Payroll Deduction: (260.0-0/Pay Period)

C. Full Name (Last, First, Middle Initial)
Liam Walsh
Mailing Address 5809 Chatham Ln
City The Colony State TX Zip Code 75056-7109
FEC ID number of contributing federal political committee. **C**
Name of Employer: Fresenius Medical Care NA Occupation: VP Finance
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 536.00
Date of Receipt: 04 / 30 / 2011
Transaction ID: 10511.C3131
Amount of Each Receipt this Period: 134.00
Receipt
Payroll Deduction: (134.0-0/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 1394.00
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 16 / 20
	(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	Date of Receipt
	Mailing Address 401 Plymouth Road Suite 500	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City State Zip Code Plymouth Meeting PA 19462-1726	Transaction ID: 10511.C3178
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="60.00"/>
	Name of Employer Occupation Fresenius Medical Care NA VP Managed Care	Receipt
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>

Payroll Deduction: (60.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="26616.12"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 20
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" 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) Friends of Kent Conrad		Date of Receipt
	Mailing Address 426 C Street NE		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20002-5839
	FEC ID number of contributing federal political committee.		Transaction ID: 10412.C2966
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value="1000.00"/>	
Refund of Contribution Made			
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

**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 18 / 20

<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: 10412.E253

Date of Disbursement

/ /

Amount of Each Disbursement this Period

493.52

BANK SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional)

493.52

TOTAL This Period (last page this line number only)

493.52

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)

<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) NEXT CENTURY FUND Mailing Address 116 S Royal Street City Alexandria State VA Zip Code 22314- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name NEXT CENTURY FUND Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: annual/other	Transaction ID: 10511.E257 Date of Disbursement 04 / 26 / 2011	Amount of Each Disbursement this Period 3000.00 DIRECT CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Diane Black for Congress Mailing Address P.O. Box 1437 City Gallatin State TN Zip Code 37066- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name DIANE BLACK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 06	Transaction ID: 10412.E251 Date of Disbursement 04 / 08 / 2011	Amount of Each Disbursement this Period 2500.00 DIRECT CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Herger for Congress Mailing Address 1006 Pendleton Street City Alexandria State VA Zip Code 22314- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name WALLY HERGER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 02	Transaction ID: 10511.E256 Date of Disbursement 04 / 13 / 2011	Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
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 20 / 20

<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) The Reyes Committee <hr/> Mailing Address 499 S. Capitol Street, SW Suite 422 <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name SILVESTRE REYES <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 16 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10412.E250 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 <hr/> DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Mike Rogers for Congress <hr/> Mailing Address P.O. Box 1113 <hr/> City Anniston State AL Zip Code 36202- <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name MICHAEL ROGERS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10511.E255 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 <hr/> DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

8500.00