

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="8003.27"/>	<input type="text" value="8003.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16533.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4929.36"/>	<input type="text" value="101822.62"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="21462.69"/>	<input type="text" value="109825.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16433.00"/>	<input type="text" value="104796.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5029.69"/>	<input type="text" value="5029.69"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / 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).....	4220.40	86284.44
(ii) Unitemized	708.96	14538.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4929.36	100822.62
(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)	4929.36	100822.62
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	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 Transfers (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))..... ▶	4929.36	101822.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4929.36	101822.62

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	35.00	1398.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35.00	1398.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16398.00	103398.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	16433.00	104796.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16433.00	104796.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	4929.36	100822.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4929.36	100822.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35.00	1398.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35.00	1398.20

**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 OF 22
<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. Douglas G. Kott
Full Name (Last, First, Middle Initial)
Mailing Address 211 Claybook Rd.
City Dover State MA Zip Code 02030-2008
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 **3653.89**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR7883582103
Amount of Each Receipt this Period **384.62**
P/R Deduction (\$384.62 Monthly)

B. Nicholas Brownlee
Full Name (Last, First, Middle Initial)
Mailing Address 12 Deer Grass Ln
City Acton State MA Zip Code 01720-4755
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation President SRM
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **3846.20**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR7883652103
Amount of Each Receipt this Period **384.62**
P/R Deduction (\$384.62 Monthly)

C. David Carter
Full Name (Last, First, Middle Initial)
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 **1235.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR7883672103
Amount of Each Receipt this Period **130.00**
P/R Deduction (\$130.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **899.24**
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 OF 22
(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

Full Name (Last, First, Middle Initial)
A. 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 ▼
 3135.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR7883702103

Amount of Each Receipt this Period
 330.00

P/R Deduction (\$330.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Robert P. Loeper

Mailing Address 10431 Oakbrook Dr

City State Zip Code
 Tampa FL 33618-5352

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR7883752103

Amount of Each Receipt this Period
 76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)
c. 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 ▼
 2192.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR7883772103

Amount of Each Receipt this Period
 230.76

P/R Deduction (\$230.76 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **637.68**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Terry O Gilpin
Full Name (Last, First, Middle Initial)

Mailing Address 4631 Woodland Corporate Blvd Suite
Suite 113

City Tampa State FL Zip Code 33614-2414

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

Name of Employer Fresenius Medical Care NA Occupation President DSD North Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1461.48

Date of Receipt
09 / 30 / 2011
Transaction ID : PR7883952103

Amount of Each Receipt this Period
153.84

P/R Deduction (\$153.84 Monthly)

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

Mailing Address 3850 N Causeway

City Metairie State LA Zip Code 70002-4719

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 ▼
418.00

Date of Receipt
09 / 30 / 2011
Transaction ID : PR7883962103

Amount of Each Receipt this Period
76.00

P/R Deduction (\$76.00 Monthly)

C. Deborah Harvey
Full Name (Last, First, Middle Initial)

Mailing Address 1602 Hampton Oaks Bnd

City Marietta State GA Zip Code 30066-4451

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

Name of Employer Fresenius Medical Care NA Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt
09 / 30 / 2011
Transaction ID : PR7883972103

Amount of Each Receipt this Period
300.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 529.84

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

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

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

FOR LINE NUMBER: PAGE 9 OF 22
(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

Full Name (Last, First, Middle Initial)
A. Donna McCarthy

Mailing Address 34 Warren St

City State Zip Code
 Wellfleet MA 02667-8527

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

Name of Employer Occupation
 Fresenius Medical Care NA West Division President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2192.22

Date of Receipt
 09 / 30 / 2011
Transaction ID : PR7883992103

Amount of Each Receipt this Period
 230.76

P/R Deduction (\$230.76 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼
 1273.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : PR7884002103

Amount of Each Receipt this Period
 134.00

P/R Deduction (\$134.00 Monthly)

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

Mailing Address 240 S Madison St

City State Zip Code
 Denver CO 80209-3010

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2470.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : PR7884012103

Amount of Each Receipt this Period
 260.00

P/R Deduction (\$260.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.76

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 10 OF 22
<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

Full Name (Last, First, Middle Initial)
A. Anthony Hayes

Mailing Address 100 Galleria Parkway, SE Suite 500
Suite 500 - 5th Floor

City Atlanta State GA Zip Code 30339-7004

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

Name of Employer Fresenius Medical Care NA Occupation Group Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **434.00**

Date of Receipt
09 / 30 / 2011

Transaction ID : PR7884072103

Amount of Each Receipt this Period
62.00

P/R Deduction (\$62.00 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼ **365.37**

Date of Receipt
09 / 30 / 2011

Transaction ID : PR7884152103

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)
C. Michael Parlier

Mailing Address 6100 Dutchmans Lane, 14th Floor

City Louisville State KY Zip Code 40205

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

Name of Employer Fresenius Medical Care NA Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
09 / 30 / 2011

Transaction ID : PR7884182103

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **140.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Steven P Covino
 Full Name (Last, First, Middle Initial)
 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 ▼ 1173.03

Date of Receipt 09 / 30 / 2011
Transaction ID : PR7884952103
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$153.84 Monthly)

B. Carol A Ernst
 Full Name (Last, First, Middle Initial)
 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 ▼ 730.74

Date of Receipt 09 / 30 / 2011
Transaction ID : PR7885002103
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$76.92 Monthly)

C. James Freedman
 Full Name (Last, First, Middle Initial)
 Mailing Address 269 Rolling Meadow
 City Holliston State MA Zip Code 01746-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation VP Leadership & Prof Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1760.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR7885042103
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 310.76
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 12 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Matthew D Kinser		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : PR7885152103
Mailing Address 750 Old Hickory Blvd Suite 230 Suite 230		Amount of Each Receipt this Period 76.92
City Brentwood	State TN	Zip Code 37027-4528
FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.92 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 ▼ 730.74	

Full Name (Last, First, Middle Initial) B. Donna M Painter		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : PR7885242103
Mailing Address 105 W 7th Avenue Suite 1000 Suite 1000		Amount of Each Receipt this Period 30.00
City Corsicana	State TX	Zip Code 75110-6449
FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)	
Name of Employer Fresenius Medical Care NA	Occupation Regional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) C. Charles E Brown		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : PR7885362103
Mailing Address 4640 Glen Coe Street		Amount of Each Receipt this Period 40.00
City Leesburg	State FL	Zip Code 34748-2304
FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)	
Name of Employer Fresenius Medical Care NA	Occupation Clinical Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional).....▶	146.92
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)
A. Barry M Doherty

Mailing Address 941 Luba St

City Woodburn State OR Zip Code 97071-5594

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

Name of Employer: Fresenius Medical Care NA Occupation: BU IT Development Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt: **09 / 30 / 2011**

Transaction ID : PR7885382103

Amount of Each Receipt this Period: **30.00**

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Mark R Fawcett

Mailing Address 100 Franklin Street

City Arlington State MA Zip Code 02474-3214

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 ▼ **722.00**

Date of Receipt: **09 / 30 / 2011**

Transaction ID : PR7885582103

Amount of Each Receipt this Period: **76.00**

P/R Deduction (\$76.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Jessica Orlando

Mailing Address 93 Russell Street

City Waltham State MA Zip Code 02453-8510

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 ▼ **219.07**

Date of Receipt: **09 / 30 / 2011**

Transaction ID : PR7885592103

Amount of Each Receipt this Period: **23.06**

P/R Deduction (\$23.06 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	129.06
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 14 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kimberly Grelle-Swint
 Full Name (Last, First, Middle Initial)
 Mailing Address 6100 Bandera Rd Suite 600
 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 ▼ 376.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR7885652103
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

B. Nicole Devore
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 Pennsylvania Ave NW Suite 225
 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 ▼ 365.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR7885752103
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Monthly)

C. Balaji Gandhi
 Full Name (Last, First, Middle Initial)
 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 VP Gov't & External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR7885812103
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 178.46
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2201 South Clinton Ave 2nd Floor
2nd Floor

City South Plainfield State NJ Zip Code 07080-1473

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

Name of Employer Fresenius Medical Care NA Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR7886002103

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

B. Barbara B St. Louis
Full Name (Last, First, Middle Initial)

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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR7886022103

Amount of Each Receipt this Period
24.00

P/R Deduction (\$24.00 Monthly)

C. Sandra Geraci
Full Name (Last, First, Middle Initial)

Mailing Address 262 Berenger Walk

City West Palm Beach State FL Zip Code 33414

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

Name of Employer Fresenius Medical Care NA Occupation Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR7886292103

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	142.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 22
<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

Full Name (Last, First, Middle Initial)
A. Michael Ramsey

Mailing Address 4 Cubs Path

City State Zip Code
Hopkinton MA 01748

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

Name of Employer Occupation
Fresenius Medical Care NA Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt
09 / 30 / 2011
Transaction ID : PR7886312103

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)
B. Jenny Lee Fischer

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 Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
09 / 30 / 2011
Transaction ID : PR7979652103

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)
C. Thomas C Graham

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 Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 30 / 2011
Transaction ID : PR7979682103

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 126.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Terry L Ketchersid
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR797962103

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

B. Manikandan Pandi
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR7979832103

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

C. Catherine Dubinsky
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation VP Operations Integrity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR8131082103

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **215.38**

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 18 OF 22
(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

Full Name (Last, First, Middle Initial)
A. Christopher Fonvielle

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 Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR8131092103

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)
B. William Fink

Mailing Address 32 Hartwell Ave

City State Zip Code
Lexington MA 02451

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

Name of Employer Occupation
Fresenius Medical Care NA VP, ITG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR8306752103

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	138.46
TOTAL This Period (last page this line number only).....▶	4220.40

**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 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

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address PO Box 75000

City State Zip Code
Detroit MI 48275-0001

Purpose of Disbursement
Bank Service Charge

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 5761862

Amount of Each Disbursement this Period

Bank Service Charge

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee

Mailing Address P.O. Box 1480

City Washington State DC Zip Code 20013

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Orrin Hatch

Category/
Type

Office Sought: House
 Senate
 President
State: UT District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2011

Transaction ID : 5765244

Amount of Each Disbursement this Period

398.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. McCaskill for Missouri 2012

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Claire McCaskill

Category/
Type

Office Sought: House
 Senate
 President
State: MO District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2011

Transaction ID : 5765245

Amount of Each Disbursement this Period

1500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. McCaskill for Missouri 2012

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Claire McCaskill

Category/
Type

Office Sought: House
 Senate
 President
State: MO District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2011

Transaction ID : 5765252

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

2898.00

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)

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

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

Full Name (Last, First, Middle Initial)

A. Tom Reed For Congress

Mailing Address 221 Washington Street

City State Zip Code
Corning NY 14830

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 29

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2011

Transaction ID : 5765253

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Jim Clyburn

Mailing Address 499 S Capitol Street, SW
Suite 412

City State Zip Code
Washington DC 20003-4009

Purpose of Disbursement
Direct Contribution

011

Candidate Name
James E. Clyburn

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2011

Transaction ID : 5765254

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Max Baucus

Mailing Address P.O. Box 586

City State Zip Code
Helena MT 59624-0586

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Max Baucus

Category/
Type

Office Sought: House
 Senate
 President
State: MT District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : 5786047

Amount of Each Disbursement this Period

4000.00

Direct Contribution

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

10000.00

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)

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

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

Full Name (Last, First, Middle Initial)

A. Benishek for Congress, Inc.

Mailing Address PO Box 2012

City Kingsford State MI Zip Code 49802

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Dan Benishek

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2011

Transaction ID : 5796447

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Montanans for Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Jon Tester

Category/
Type

Office Sought: House
 Senate
 President
State: MT District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2011

Transaction ID : 5798012

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

3500.00

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

16398.00