

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 08 01 2009 through 08 31 2009

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

Type or Print Name of Treasurer Kathleen Smith

Signature of Treasurer Electronically Filed by Kathleen Smith Date 09 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: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2009"/>		7264.51
(b) Cash on Hand at Beginning of Reporting Period	7773.45	
(c) Total Receipts (from Line 19)	5827.81	85675.47
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13601.26	92939.98
7. Total Disbursements (from Line 31)	2174.88	81513.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11426.38	11426.38
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Fresenius Medical Care North America PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

D	D
3	1

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)	4836.16	75135.00
(ii) Unitemized	991.65	10540.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5827.81	85675.47
(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)	5827.81	85675.47
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))	5827.81	85675.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5827.81	85675.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	174.88	911.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	174.88	911.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	80602.00
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))..	2174.88	81513.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2174.88	81513.60

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	5827.81	85675.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5827.81	85675.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	174.88	911.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	174.88	911.60

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Debbie Arrington

Mailing Address 15011 W Columbine Drive

City State Zip Code
Surprise AZ 85379-5936

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

Name of Employer Occupation
Fresenius Medical Care NA Area Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt: 08 / 31 / 2009
Transaction ID: 90908.C1166
Amount of Each Receipt this Period: 38.46
Receipt
Payroll Deduction: (38.46-Monthly)

B. 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 ▼ 340.00

Date of Receipt: 08 / 31 / 2009
Transaction ID: 90908.C1210
Amount of Each Receipt this Period: 40.00
Receipt
Payroll Deduction: (40.00-Monthly)

C. 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 ▼ 1105.00

Date of Receipt: 08 / 31 / 2009
Transaction ID: 90908.C1225
Amount of Each Receipt this Period: 130.00
Receipt
Payroll Deduction: (130.00-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 208.46

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 / 15
(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)
Simon D Castellanos

Mailing Address 2670 S Youngfield Ct

City State Zip Code
Denver CO 80228-4937

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

Name of Employer Occupation
Fresenius Medical Care NA Business Unit President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.80

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: 90908.C1173

Amount of Each Receipt this Period
230.80

Receipt

Payroll Deduction: (230.80/Monthly)

B.

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

Mailing Address 6 Williams Street

City State Zip Code
Waltham MA 02453-4131

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

Name of Employer Occupation
Fresenius Medical Care NA Director of Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: 90908.C1177

Amount of Each Receipt this Period
38.46

Receipt

Payroll Deduction: (38.46/Monthly)

C.

Full Name (Last, First, Middle Initial)
Kathleen Crocker

Mailing Address 9 Kimball Ct

City State Zip Code
Burlington MA 01803-3857

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: 90908.C1179

Amount of Each Receipt this Period
50.00

Receipt

Payroll Deduction: (50.00/Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **319.26**

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 / 15

(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)
Carol A Ernst

Mailing Address 22370 N 64th Ave

City State Zip Code
Glendale AZ 85310-4259

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 ▼ 692.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 90908.C1182

Amount of Each Receipt this Period

76.92

Receipt

Payroll Deduction: (76.92-
/Monthly)

B.

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

Mailing Address 100 Franklin Street

City State Zip Code
Arlington MA 02474-3214

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 ▼ 646.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 90908.C1230

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (76.00-
/Monthly)

C.

Full Name (Last, First, Middle Initial)
James Freedman

Mailing Address 269 Rolling Meadow

City State Zip Code
Holliston MA 01746-1521

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

Name of Employer Occupation
Fresenius Medical Care NA VP Leadership & Prof Dev

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 90908.C1186

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (80.00-
/Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

232.92

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 9 / 15
(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)
Balaji Gandhi

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 VP Govt & External Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 08 / 31 / 2009
Transaction ID: 90908.C1254
Amount of Each Receipt this Period: 100.00
Receipt
Payroll Deduction: (100.0-0/Monthly)

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

Mailing Address 310 Magnolia Ln

City State Zip Code
Covington LA 70433-4719

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

Name of Employer Occupation
Fresenius Medical Care NA BU Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.95

Date of Receipt: 08 / 31 / 2009
Transaction ID: 90908.C1243
Amount of Each Receipt this Period: 57.70
Receipt
Payroll Deduction: (57.70-/Monthly)

C. Full Name (Last, First, Middle Initial)
Matthew D Kinser

Mailing Address 750 Old Hickory Blvd Suite 230

City State Zip Code
Brentwood TN 37027-4528

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 ▼ 487.68

Date of Receipt: 08 / 31 / 2009
Transaction ID: 90908.C1193
Amount of Each Receipt this Period: 76.92
Receipt
Payroll Deduction: (76.92-/Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **234.62**

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 / 15
	<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.	Full Name (Last, First, Middle Initial) Brian H Lipinski		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 4308 Castle Rock Ct		Transaction ID: 90908.C1229
	City Irving	State TX	Zip Code 75038-6438
	FEC ID number of contributing federal political committee. C		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 ▼ 1307.64	Payroll Deduction: (153.8-4/Monthly)

B.	Full Name (Last, First, Middle Initial) Patricia H Maurer		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 343 Mariner Circle		Transaction ID: 90908.C1197
	City Woodstock	State GA	Zip Code 30189-5199
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Fresenius Medical Care NA	Occupation USV Director of Finance	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	Payroll Deduction: (40.00-/Monthly)

C.	Full Name (Last, First, Middle Initial) Donna McCarthy		Date of Receipt MM / DD / YYYY 08 / 10 / 2009
	Mailing Address 34 Warren St		Transaction ID: 90908.C1165
	City Wellfleet	State MA	Zip Code 02667-8527
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
	Name of Employer Fresenius Medical Care NA	Occupation West Division President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	2693.84
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 11 / 15
(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)
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 ▼ 1961.46

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: 90908.C1198

Amount of Each Receipt this Period
230.76

Receipt

Payroll Deduction: (230.7-6/Monthly)

B.

Full Name (Last, First, Middle Initial)
Donna M Painter

Mailing Address 105 W 7th Avenue Suite 1000

City State Zip Code
Corsicana TX 75110-6449

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 ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: 90908.C1200

Amount of Each Receipt this Period
30.00

Receipt

Payroll Deduction: (30.00-/Monthly)

C.

Full Name (Last, First, Middle Initial)
Brian Riddle

Mailing Address 8 Brookside Ct

City State Zip Code
Methuen MA 01844-1245

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

Name of Employer Occupation
Fresenius Medical Care NA Dir Compliance Audits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: 90908.C1203

Amount of Each Receipt this Period
38.46

Receipt

Payroll Deduction: (38.46-/Monthly)

SUBTOTAL of Receipts This Page (optional) ► 299.22

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 / 15
	<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.	Full Name (Last, First, Middle Initial) Kim Sonnen	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 240 S Madison St	Transaction ID: 90908.C1205
	City State Zip Code Denver CO 80209-3010	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA SVP Marketing & Managed Care	Payroll Deduction: (260.0-0/Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2210.00	

B.	Full Name (Last, First, Middle Initial) Liam Walsh	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 5809 Chatham Ln	Transaction ID: 90908.C1208
	City State Zip Code The Colony TX 75056-7109	Amount of Each Receipt this Period 134.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA VP Finance	Payroll Deduction: (134.0-0/Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1399.40	

C.	Full Name (Last, First, Middle Initial) Deborah A. Wells	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 100 Galleria Pkwy SE Suite 500	Transaction ID: 90908.C1252
	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/Monthly)
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)	547.84
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 13 / 15	
	(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) Paul Zabetakis		Date of Receipt	
	Mailing Address 207 E 94th Street Suite 303		M M / D D / Y Y Y Y 08 / 31 / 2009	
	City	State	Zip Code	Transaction ID: 90908.C1209
	New York	NY	10128-3705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	300.00
	Name of Employer Fresenius Medical Care NA		Occupation President Renal Research	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2550.00	Payroll Deduction: (300.0-0/Monthly)	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	4836.16

**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 14 / 15

<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) American Express Mailing Address PO Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90805.E144 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 144.65 CREDIT CARD FEE
B. Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit State MI Zip Code 48275-0001 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90805.E145 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 30.23 BANK SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional)	174.88
TOTAL This Period (last page this line number only)	174.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

<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)
Nelson 2012

Transaction ID: 90908.E146
Date of Disbursement

Mailing Address c/o Senator Ben Nelson
420 C Street, NE

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	9

City Washington State DC Zip Code 20002-

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
DIRECT CONTRIBUTION

--

Category/
Type

Candidate Name
E BENJAMIN NELSON

Office Sought: House
 Senate
 President
State: NE District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00
