

# 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 11 04 2008 in the State of DC

5. Covering Period 10 16 2008 through 11 24 2008

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

Type or Print Name of Treasurer Kathleen Smith

Signature of Treasurer Electronically Filed by Kathleen Smith Date 12 04 2008

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

**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Fresenius Medical Care North America PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 6 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |         |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|---------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 8 |  | 9114.46 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |         |
| 2   | 0                       | 0                                 | 8 |   |   |   |   |   |  |         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 10376.15                |                                   |   |   |   |   |   |   |  |         |
| (c) Total Receipts (from Line 19) .....   | 5233.42                 | 84298.98                          |   |   |   |   |   |   |  |         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 15609.57                | 93413.44                          |   |   |   |   |   |   |  |         |
| 7. Total Disbursements (from Line 31) .....   | 14000.00                | 91803.87                          |   |   |   |   |   |   |  |         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 1609.57                 | 1609.57                           |   |   |   |   |   |   |  |         |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |         |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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 |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 6 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 3895.96                       | 76174.88                          |
| (i) Itemized (use Schedule A) .....  | 1337.46                       | 8124.10                           |
| (ii) Unitemized .....  | 5233.42                       | 84298.98                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 5233.42                       | 84298.98                          |
| 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)) .....                          | 5233.42                       | 84298.98                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 5233.42                       | 84298.98                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 0.00                                  | 11.87                                     |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 0.00                                  | 11.87                                     |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 6000.00                               | 83792.00                                  |
| 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 .....                                  | 8000.00                               | 8000.00                                   |
| (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)) .....                           | 8000.00                               | 8000.00                                   |
| 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))..       | 14000.00                              | 91803.87                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 14000.00                              | 91803.87                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 .....         | 5233.42                       | 84298.98                          |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 8000.00                       | 8000.00                           |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | -2766.58                      | 76298.98                          |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 11.87                             |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | 0.00                          | 11.87                             |

**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 / 14 |
|   | <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

|   |   |  |
|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Debbie Arrington         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 31 / 2008 |
|   | Mailing Address 15011 W Columbine Drive                             | <b>Transaction ID:</b> 81204.C318                          |
|   | City State Zip Code<br>Surprise AZ 85379-5936                       | Amount of Each Receipt this Period<br>57.69                |
|   | FEC ID number of contributing federal political committee. <b>C</b> | Receipt  |
| Name of Employer<br>Fresenius Medical Care NA   | Occupation<br>Area Manager  | Payroll Deduction: (57.69- /Pay Period )                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>173.07                                  |  |

|   |   |  |
|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Debbie Arrington         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 17 / 2008 |
|   | Mailing Address 15011 W Columbine Drive                             | <b>Transaction ID:</b> 81204.C393                          |
|   | City State Zip Code<br>Surprise AZ 85379-5936                       | Amount of Each Receipt this Period<br>38.46                |
|   | FEC ID number of contributing federal political committee. <b>C</b> | Receipt  |
| Name of Employer<br>Fresenius Medical Care NA   | Occupation<br>Area Manager  | Payroll Deduction: (38.46- /Pay Period )                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>211.53                                  |  |

|   |   |  |
|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>John Auletto             | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 31 / 2008 |
|   | Mailing Address 981 Whispering Pines Dr                             | <b>Transaction ID:</b> 81204.C319                          |
|   | City State Zip Code<br>Turlock CA 95382-0459                        | Amount of Each Receipt this Period<br>57.69                |
|   | FEC ID number of contributing federal political committee. <b>C</b> | Receipt  |
| Name of Employer<br>Fresenius Medical Care NA   | Occupation<br>Director  | Payroll Deduction: (57.69- /Pay Period )                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>192.30                                  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>153.84</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 14  
(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)  
John Auletto

Mailing Address 981 Whispering Pines Dr

City State Zip Code  
Turlock CA 95382-0459

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 ▼ 230.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

**Transaction ID:** 81204.C394

Amount of Each Receipt this Period  
38.46

Receipt

Payroll Deduction: (38.46- /Pay Period )

**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 ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 81204.C369

Amount of Each Receipt this Period  
80.00

Receipt

Payroll Deduction: (40.00- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Claire Callahan

Mailing Address 1557 Surrey Dr

City State Zip Code  
Wheaton IL 60187-7248

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

Name of Employer Occupation  
Fresenius Medical Care NA VP of Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1038.42

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 81204.C324

Amount of Each Receipt this Period  
230.76

Receipt

Payroll Deduction: (230.7-6 /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **349.22**

**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: PAGE 8 / 14  
(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)<br>David Carter   |                                    | Date of Receipt<br>MM / DD / YYYY<br>10 / 31 / 2008 |
| Mailing Address 5215 Wiltonwood Ct  |                                    | <b>Transaction ID:</b> 81204.C383                   |
| City<br>Indianapolis  | State<br>IN                        | Zip Code<br>46254-9665                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>260.00        |
| Name of Employer<br>Fresenius Medical Care NA   | Occupation<br>VP Operations        | Receipt   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>780.00 | Payroll Deduction: (130.0-0/Pay Period )            |

**B.**

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Simon D Castellanos  |                                       | Date of Receipt<br>MM / DD / YYYY<br>10 / 31 / 2008 |
| Mailing Address 2670 S Youngfield Ct  |                                       | <b>Transaction ID:</b> 81204.C326                   |
| City<br>Denver  | State<br>CO                           | Zip Code<br>80228-4937                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                       | Amount of Each Receipt this Period<br>230.80        |
| Name of Employer<br>Fresenius Medical Care NA   | Occupation<br>Business Unit President | Receipt   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1038.60   | Payroll Deduction: (230.8-0/Pay Period )            |

**C.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Kathleen Crocker   |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 31 / 2008 |
| Mailing Address 9 Kimball Ct  |   | <b>Transaction ID:</b> 81204.C330                   |
| City<br>Burlington  | State<br>MA                               | Zip Code<br>01803-3857                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>Fresenius Medical Care NA   | Occupation<br>VP FMS Operations Sys Devlp | Receipt   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>275.00        | Payroll Deduction: (50.00-/Pay Period )             |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>590.80</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

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

FOR LINE NUMBER: PAGE 9 / 14  
(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)  
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 ▼ 346.14

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 81204.C333

Amount of Each Receipt this Period  
115.38

Receipt

Payroll Deduction: (115.3-8/Pay Period )

**B.** 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 ▼ 440.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 81204.C336

Amount of Each Receipt this Period  
160.00

Receipt

Payroll Deduction: (80.00-/Pay Period )

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

Mailing Address 1232 Old Spring Trl

City State Zip Code  
Arrington TN 37014-9120

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 ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 81204.C344

Amount of Each Receipt this Period  
80.00

Receipt

Payroll Deduction: (40.00-/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **355.38**

**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 10 / 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Brian H Lipinski  
Mailing Address 4308 Castle Rock Ct  
City Irving State TX Zip Code 75038-6438  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Fresenius Medical Care NA Occupation: Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 769.20  
Date of Receipt: 10 / 31 / 2008  
Transaction ID: 81204.C387  
Amount of Each Receipt this Period: 153.84  
Receipt  
Payroll Deduction: (153.8-4/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Patricia H Maurer  
Mailing Address 343 Mariner Circle  
City Woodstock State GA Zip Code 30189-5199  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Fresenius Medical Care NA Occupation: USV Director of Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 180.00  
Date of Receipt: 10 / 31 / 2008  
Transaction ID: 81204.C350  
Amount of Each Receipt this Period: 60.00  
Receipt  
Payroll Deduction: (60.00-/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Patricia H Maurer  
Mailing Address 343 Mariner Circle  
City Woodstock State GA Zip Code 30189-5199  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Fresenius Medical Care NA Occupation: USV Director of Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt: 11 / 17 / 2008  
Transaction ID: 81204.C408  
Amount of Each Receipt this Period: 40.00  
Receipt  
Payroll Deduction: (40.00-/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 253.84  
**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 / 14

(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 ▼ 1038.42

Date of Receipt

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

Transaction ID: 81204.C351

Amount of Each Receipt this Period

230.76

Receipt

Payroll Deduction: (230.7-6/Pay Period)

**B.**

Full Name (Last, First, Middle Initial)  
David Santis

Mailing Address 4 Mill Dam Rd

City State Zip Code  
Acton MA 01720-5841

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 346.14

Date of Receipt

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

Transaction ID: 81204.C359

Amount of Each Receipt this Period

76.92

Receipt

Payroll Deduction: (76.92-/Pay Period)

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 1430.00

Date of Receipt

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

Transaction ID: 81204.C361

Amount of Each Receipt this Period

520.00

Receipt

Payroll Deduction: (260.0-0/Pay Period)

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

827.68

**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: PAGE 12 / 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Liam Walsh

Mailing Address 5809 Chatham Ln

City State Zip Code  
The Colony TX 75056-7109

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

Name of Employer Occupation  
Fresenius Medical Care NA VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1691.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 31 / 2008

**Transaction ID:** 81204.C366

Amount of Each Receipt this Period  
615.20

Receipt

Payroll Deduction: (307.6-0/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Paul Zabetakis

Mailing Address 38 Westwind Drive

City State Zip Code  
Jamestown RI 02835-1001

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

Name of Employer Occupation  
Fresenius Medical Care NA President Renal Research

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 31 / 2008

**Transaction ID:** 81204.C367

Amount of Each Receipt this Period  
450.00

Receipt

Payroll Deduction: (450.0-0/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Paul Zabetakis

Mailing Address 38 Westwind Drive

City State Zip Code  
Jamestown RI 02835-1001

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

Name of Employer Occupation  
Fresenius Medical Care NA President Renal Research

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 17 / 2008

**Transaction ID:** 81204.C416

Amount of Each Receipt this Period  
300.00

Receipt

Payroll Deduction: (300.0-0/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1365.20**

**TOTAL** This Period (last page this line number only) ..... ► **3895.96**

**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 13 / 14

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Chambliss for Senate<br>Mailing Address PO Box 12469<br>City Atlanta State GA Zip Code 30355-2469<br>Purpose of Disbursement<br>DIRECT CONTRIBUTION<br>Candidate Name<br>C SAXBY CHAMBLISS<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: GA District: 00<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>runoff                      | Transaction ID: 81204.E94<br>Date of Disbursement<br>11 / 13 / 2008       |
|  | Amount of Each Disbursement this Period<br>5000.00<br>DIRECT CONTRIBUTION |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Coleman for Senate Recount Fund<br>Mailing Address 680 Transfer Road Suite A<br>City Saint Paul State MN Zip Code 55114-1402<br>Purpose of Disbursement<br>RECOUNT FUND<br>Candidate Name<br>NORM COLEMAN<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MN District: 00<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>annual/other | Transaction ID: 81204.E93<br>Date of Disbursement<br>11 / 13 / 2008       |
|  | Amount of Each Disbursement this Period<br>1000.00<br>RECOUNT FUND        |

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

6000.00

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

6000.00

**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 14 / 14

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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)<br>Ronald Kuerbitz   | Transaction ID: 81204.E95<br>Date of Disbursement<br>11 / 21 / 2008  |
|    | Mailing Address 47 Park Ave  |  |
|    | City Wellesley Hills State MA Zip Code 02481-6739  | Amount of Each Disbursement this Period<br>3000.00   |
|    | Purpose of Disbursement Refund of Contribution Refund of Cont. O<br>Candidate Name   | 010<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Benjamin Lipps, Jr.   | Transaction ID: 81204.E96<br>Date of Disbursement<br>11 / 21 / 2008  |
|    | Mailing Address 3333 West Coast Hwy.<br>#300   |  |
|    | City Newport Beach State CA Zip Code 92663-7942  | Amount of Each Disbursement this Period<br>5000.00   |
|    | Purpose of Disbursement Refund of Contribution Refund of Cont. O<br>Candidate Name   | 010<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 8000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 8000.00 |