

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 05 01 2009 through 05 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 06 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 | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Fresenius Medical Care North America PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|---------|
| 6. (a) Cash on Hand January 1 <table border="1" 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>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 7264.51 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 2951.76 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 40123.43 | 58485.68 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 43075.19 | 65750.19 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 27668.48 | 50343.48 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 15406.71 | 15406.71 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Fresenius Medical Care North America PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| 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 | 37817.91 | 51544.79 |
| (i) Itemized (use Schedule A) | 2305.52 | 6940.89 |
| (ii) Unitemized | 40123.43 | 58485.68 |
| (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) | 40123.43 | 58485.68 |
| 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)) | 40123.43 | 58485.68 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 40123.43 | 58485.68 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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..... | 66.48 | 241.48 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 66.48 | 241.48 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 27602.00 | 50102.00 |
| 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)).. | 27668.48 | 50343.48 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 27668.48 | 50343.48 |

DETAILED SUMMARY PAGE
of Disbursements

| 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 | 40123.43 | 58485.68 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 40123.43 | 58485.68 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 66.48 | 241.48 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 66.48 | 241.48 |

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 / 23 |
| | <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 | |

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) Kathleen L. Altier | | Date of Receipt MM / DD / YYYY 05 / 04 / 2009 |
| | Mailing Address 25050 Country Club Blvd | | Transaction ID: 90508.C836 |
| | City North Olmsted | State OH | Zip Code 44070-5356 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 225.00 |
| | Name of Employer Fresenius Medical Care NA | Occupation Director, Technical Services | Receipt |

| | |
|---|------------------------------------|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 |
|---|------------------------------------|

| | | | |
|-----------|---|----------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Debbie Arrington | | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 15011 W Columbine Drive | | Transaction ID: 90608.C867 |
| | City Surprise | State AZ | Zip Code 85379-5936 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 57.69 |
| | Name of Employer Fresenius Medical Care NA | Occupation Area Manager | Receipt |

| | |
|---|------------------------------------|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 211.53 |
|---|------------------------------------|

Payroll Deduction: (57.69- /Monthly)

| | | | |
|-----------|---|------------------------|---|
| C. | Full Name (Last, First, Middle Initial) John Auletto | | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 981 Whispering Pines Dr | | Transaction ID: 90608.C868 |
| | City Turlock | State CA | Zip Code 95382-0459 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 57.69 |
| | 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 ▼ 211.53 |
|---|------------------------------------|

Payroll Deduction: (57.69- /Monthly)

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 340.38 |
| 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: (check only one) | PAGE 7 / 23 |
| | <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) Brett Barton | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 4191 W 4550 S | Transaction ID: 90608.C870 |
| | City State Zip Code West Haven UT 84401-8440 | Amount of Each Receipt this Period 57.69 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Fresenius Medical Care NA | Occupation Fiber-Rectification Dept Mgr | Payroll Deduction: (57.69- /Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 211.53 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Deborah Ann Brosnan | Date of Receipt MM / DD / YYYY 05 / 15 / 2009 |
| | Mailing Address 51 Vose Hill Road | Transaction ID: 90528.C854 |
| | City State Zip Code Westford MA 01886 | Amount of Each Receipt this Period 5000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Fresenius Medical Care NA | Occupation Employee Spouse | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mike Brosnan | Date of Receipt MM / DD / YYYY 05 / 15 / 2009 |
| | Mailing Address 51 Vose Hill Rd | Transaction ID: 90528.C855 |
| | City State Zip Code Westford MA 01886-4527 | Amount of Each Receipt this Period 5000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Fresenius Medical Care NA | Occupation CFO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 10057.69 |
| 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 / 23 |
| | <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) Charles E Brown | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 4640 Glen Coe Street | Transaction ID: 90608.C914 |
| | City State Zip Code Leesburg FL 34748-2304 | Amount of Each Receipt this Period 60.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Fresenius Medical Care NA | Occupation Clinical Manager | Payroll Deduction: (60.00- /Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Christine Bruccolieri | Date of Receipt MM / DD / YYYY 05 / 04 / 2009 |
| | Mailing Address 10901 W 120th Ave Suite 200 | Transaction ID: 90508.C834 |
| | City State Zip Code Broomfield CO 80021-3418 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Fresenius Medical Care NA | Occupation Director, Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Claire Callahan | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 920 Winter St | Transaction ID: 90608.C873 |
| | City State Zip Code Waltham MA 02451-1521 | Amount of Each Receipt this Period 230.76 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Fresenius Medical Care NA | Occupation SVP Human Resources & Admin | Payroll Deduction: (230.7- 6/Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1153.80 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 490.76 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David Carter

Mailing Address 5215 Wiltonwood Ct

City Indianapolis State IN Zip Code 46254-9665

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt 05 / 29 / 2009

Transaction ID: 90608.C929

Amount of Each Receipt this Period 195.00

Receipt

Payroll Deduction: (195.0-0/Monthly)

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

Mailing Address 2670 S Youngfield Ct

City Denver State CO Zip Code 80228-4937

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1154.00

Date of Receipt 05 / 29 / 2009

Transaction ID: 90608.C875

Amount of Each Receipt this Period 230.80

Receipt

Payroll Deduction: (230.8-0/Monthly)

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

Mailing Address 23 Potter Pond

City Lexington State MA Zip Code 02421-8233

FEC ID number of contributing federal political committee. C

Name of Employer: Fresenius Medical Care NA Occupation: Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 04 / 2009

Transaction ID: 90508.C838

Amount of Each Receipt this Period 5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) 5425.80

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 / 23
(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)
Fred Christadore
Mailing Address 8 King Rd
City State Zip Code
Rockleigh NJ 07647-2500
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Fresenius Medical Care NA Senior Manager EH & S
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 05 / 22 / 2009
Transaction ID: 90528.C860
Amount of Each Receipt this Period: 250.00
Receipt

B. 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 ▼ 250.00
Date of Receipt: 05 / 29 / 2009
Transaction ID: 90608.C879
Amount of Each Receipt this Period: 50.00
Receipt
Payroll Deduction: (50.00- /Monthly)

C. Full Name (Last, First, Middle Initial)
J.a. Diaz-Buxo
Mailing Address 1001 Morehead Square Dr
City State Zip Code
Charlotte NC 28203-4253
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Fresenius Medical Care NA SVP, CMO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: 05 / 11 / 2009
Transaction ID: 90528.C846
Amount of Each Receipt this Period: 2000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 2300.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 11 / 23
(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 ▼ 423.06

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: 90608.C882

Amount of Each Receipt this Period
115.38

Receipt

Payroll Deduction: (115.3-8/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 ▼ 380.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: 90608.C934

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: 90608.C885

Amount of Each Receipt this Period
80.00

Receipt

Payroll Deduction: (80.00-/Monthly)

SUBTOTAL of Receipts This Page (optional) ► **271.38**

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 12 / 23
(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 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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)
Terry O Gilpin

Mailing Address 4631 Woodland Corporate Blvd
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 ▼ 2000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: 90528.C847

Amount of Each Receipt this Period
2000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
William Gregory

Mailing Address 1400 E Southern Ave

City Tempe State AZ Zip Code 85282-5691

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

Name of Employer Fresenius Medical Care NA Occupation Ethics & Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: 90508.C842

Amount of Each Receipt this Period
201.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Todd Kerr

Mailing Address 102 Green Meadows Dr

City Hendersonville State TN Zip Code 37075-8835

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: 90528.C863

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 3201.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 23
(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)
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 ▼ 218.46

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: 90608.C893

Amount of Each Receipt this Period
58.46

Receipt

Payroll Deduction: (58.46-
/Monthly)

B.

Full Name (Last, First, Middle Initial)
Ronald Kuerbitz

Mailing Address 47 Park Ave

City State Zip Code
Wellesley Hills MA 02481-6739

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

Name of Employer Occupation
Fresenius Medical Care NA SVP Chief Admin Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2009

Transaction ID: 90528.C861

Amount of Each Receipt this Period
5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
John W. Leppelmeier

Mailing Address 07309 County Road F

City State Zip Code
Bryan OH 43506-9573

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 ▼ 200.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: 90528.C845

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **5258.46**

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 14 / 23 |
| | <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) Roland Levin | Date of Receipt MM / DD / YYYY 05 / 04 / 2009 |
| | Mailing Address 2637 Shadelands Dr | Transaction ID: 90508.C835 |
| | City State Zip Code Walnut Creek CA 94598-2512 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Occupation Fresenius Medical Care NA Systems Development Mgr | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Brian H Lipinski | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 4308 Castle Rock Ct | Transaction ID: 90608.C933 |
| | City State Zip Code Irving TX 75038-6438 | Amount of Each Receipt this Period 230.76 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Occupation Fresenius Medical Care NA Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 846.12 | Payroll Deduction: (230.7-6/Monthly) |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) James K. Loendorf | Date of Receipt MM / DD / YYYY 05 / 06 / 2009 |
| | Mailing Address 920 Winter St | Transaction ID: 90508.C841 |
| | City State Zip Code Waltham MA 02451-1521 | Amount of Each Receipt this Period 750.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Occupation Fresenius Medical Care NA Sr Director, Materials Mgmt | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1280.76 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 15 / 23
(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)
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: 05 / 29 / 2009
Transaction ID: 90608.C897
Amount of Each Receipt this Period: 40.00
Receipt
Payroll Deduction: (40.00-Monthly)

B. Full Name (Last, First, Middle Initial)
Edmund W. McFadden
Mailing Address 784 Melrose Ave
City Nashville State TN Zip Code 37211-2151
FEC ID number of contributing federal political committee. **C**
Name of Employer: Fresenius Medical Care NA Occupation: VP, IT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00
Date of Receipt: 05 / 04 / 2009
Transaction ID: 90508.C839
Amount of Each Receipt this Period: 1000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Robert McGorty
Mailing Address 2 Walter Circle
City Westford State MA Zip Code 01886-4533
FEC ID number of contributing federal political committee. **C**
Name of Employer: Fresenius Medical Care NA Occupation: VP Finance & Admin
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1153.80
Date of Receipt: 05 / 29 / 2009
Transaction ID: 90608.C898
Amount of Each Receipt this Period: 230.76
Receipt
Payroll Deduction: (230.7-6/Monthly)

SUBTOTAL of Receipts This Page (optional) **1270.76**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 23
(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)
Stephen D. McMurray, M.D.

Mailing Address 12 Haddington Ct

City State Zip Code
Fort Wayne IN 46814-9015

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

Name of Employer Occupation
Fresenius Medical Care NA Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: 90528.C850

Amount of Each Receipt this Period
1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Allen P. Mills

Mailing Address 2421 23rd Street Ct NE

City State Zip Code
Hickory NC 28601-7981

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: 90528.C862

Amount of Each Receipt this Period
300.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Jules Morris

Mailing Address 634 Newton St

City State Zip Code
Chestnut Hill MA 02467-3119

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 90528.C858

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 23 |
| | <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)
Cathleen OKeefe

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 Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 15 / 2009
Transaction ID: 90528.C859
Amount of Each Receipt this Period: 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Robin Purcell

Mailing Address 22 Sheraton Park

City State Zip Code
Arlington MA 02474-8220

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

Name of Employer Occupation
Fresenius Medical Care NA VP Human Resources PH&G

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 05 / 04 / 2009
Transaction ID: 90508.C837
Amount of Each Receipt this Period: 2000.00
Receipt

C. 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 ▼ 1407.68

Date of Receipt: 05 / 14 / 2009
Transaction ID: 90528.C852
Amount of Each Receipt this Period: 1100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► **4100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 23
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | | |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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

A.

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

Mailing Address 4 Mill Dam Rd

City Acton State MA Zip Code 01720-5841

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1484.60

Date of Receipt: 05 / 29 / 2009
Transaction ID: 90608.C906
 Amount of Each Receipt this Period: 76.92
 Receipt
 Payroll Deduction: (76.92- /Monthly)

B.

Full Name (Last, First, Middle Initial)
Michael Saraceno

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: SVP, QA/RA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 04 / 2009
Transaction ID: 90508.C833
 Amount of Each Receipt this Period: 1000.00
 Receipt

C.

Full Name (Last, First, Middle Initial)
Carole L. Sekula

Mailing Address 12 Wolfer Industrial Park

City Spring Valley State IL Zip Code 61362-9702

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 ▼ 250.00

Date of Receipt: 05 / 11 / 2009
Transaction ID: 90528.C851
 Amount of Each Receipt this Period: 250.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **1326.92**

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 19 / 23

(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)
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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 90608.C908

Amount of Each Receipt this Period
260.00

Receipt
Payroll Deduction: (260.0-0/Monthly)

B.

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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 930.40

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 90608.C912

Amount of Each Receipt this Period
134.00

Receipt
Payroll Deduction: (134.0-0/Monthly)

C.

Full Name (Last, First, Middle Initial)
Paul Zabetakis

Mailing Address 207 E 94th Street
Suite 303

City State Zip Code
New York NY 10128-3705

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

Name of Employer Occupation
Fresenius Medical Care NA President Renal Research

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1650.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 90608.C913

Amount of Each Receipt this Period
300.00

Receipt
Payroll Deduction: (300.0-0/Monthly)

SUBTOTAL of Receipts This Page (optional)

694.00

TOTAL This Period (last page this line number only)

37817.91

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 23

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

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

A.

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

Mailing Address PO Box 75000

City State Zip Code
Detroit MI 48275-0001

Purpose of Disbursement
Bank Service Charge

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90508.E119

Date of Disbursement

/ /

Amount of Each Disbursement this Period

BANK SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Cmte | Transaction ID: 90528.E126 Date of Disbursement 05 / 27 / 2009 |
| | Mailing Address 120 Maryland Avenue, NE | Amount of Each Disbursement this Period 5000.00 |
| | City Washington State DC Zip Code 20002-5610 | |
| | Purpose of Disbursement DIRECT CONTRIBUTION | Category/ Type |
| | Candidate Name DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: annual/other | DIRECT CONTRIBUTION |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) BGR Government Affairs, LLC | Transaction ID: 90528.E122 Date of Disbursement 05 / 13 / 2009 |
| | Mailing Address The Homer Building 601 Thirteenth Street, NW, 11th Fl | Amount of Each Disbursement this Period 2102.00 |
| | City Washington State DC Zip Code 20005- | |
| | Purpose of Disbursement IN-KIND PURCHASE FOOD & BEVERAGES | Category/ Type |
| | Candidate Name ORRIN G HATCH | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 00 | IN KIND: IN-KIND PURCHASE FOOD & BEVERAGES |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Blue Dog PAC | Transaction ID: 90528.E123 Date of Disbursement 05 / 15 / 2009 |
| | Mailing Address 6849 Old Dominion Dr Suite 222 | Amount of Each Disbursement this Period 5000.00 |
| | City Mc Lean State VA Zip Code 22101-3704 | |
| | Purpose of Disbursement DIRECT CONTRIBUTION | Category/ Type |
| | Candidate Name BLUE DOG POLITICAL ACTION COMMITTEE | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: annual/other | DIRECT CONTRIBUTION |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 12102.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 23

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) Friends of Chris Dodd Mailing Address 122 Maryland Avenue, NE City Washington State DC Zip Code 20002-5610 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name CHRISTOPHER J DODD Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 00 | Transaction ID: 90528.E127 Date of Disbursement 05 / 28 / 2009 Amount of Each Disbursement this Period 2000.00 DIRECT CONTRIBUTION |
| B. | Full Name (Last, First, Middle Initial) Hatch Election Committee Mailing Address 6510 Anna Maria Ct City Mc Lean State VA Zip Code 22101-1601 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name ORRIN G HATCH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 00 | Transaction ID: 90508.E117 Date of Disbursement 05 / 04 / 2009 Amount of Each Disbursement this Period 5000.00 DIRECT CONTRIBUTION |
| C. | Full Name (Last, First, Middle Initial) Richard Neal for Congress Committee Mailing Address P.O. Box 15906 City Chevy Chase State MD Zip Code 20825- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name RICHARD E NEAL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 02 | Transaction ID: 90528.E125 Date of Disbursement 05 / 19 / 2009 Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 8000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 23

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) Salazar for Congress Mailing Address P.O. Box 13128 | Transaction ID: 90528.E124 Date of Disbursement 05 / 19 / 2009 |
| | Amount of Each Disbursement this Period 2500.00 |
| City Denver State CO Zip Code 80201-4528 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name JOHN T SALAZAR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type DIRECT CONTRIBUTION |
| B. Full Name (Last, First, Middle Initial) Friends of Schumer Mailing Address 426 C Street, NE | Transaction ID: 90508.E116 Date of Disbursement 05 / 04 / 2009 |
| | Amount of Each Disbursement this Period 5000.00 |
| City Washington State DC Zip Code 20002-5839 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name CHARLES E SCHUMER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type DIRECT CONTRIBUTION |

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

27602.00