



**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	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		8003.27
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	3355.71									
(c) Total Receipts (from Line 19) .....	3773.06	12737.13								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	7128.77	20740.40								
7. Total Disbursements (from Line 31) .....	5035.00	18646.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2093.77	2093.77								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

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	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	2392.44	9405.51
(ii) Unitemized .....	1380.62	3331.62
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3773.06	12737.13
(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) .....	3773.06	12737.13
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)) .....	3773.06	12737.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3773.06	12737.13

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B 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.....	35.00	146.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	35.00	146.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	18500.00
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))..	5035.00	18646.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5035.00	18646.63

**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) .....	3773.06	12737.13
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3773.06	12737.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35.00	146.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35.00	146.63

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

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

FOR LINE NUMBER: PAGE 6 / 10  
(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)  
Nicholas Brownlee

Mailing Address 12 Deer Grass Ln

City State Zip Code  
Acton MA 01720-4755

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

Name of Employer Occupation  
Fresenius Medical Care NA President SRM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 961.55

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

**Transaction ID:** 10315.C2877

Amount of Each Receipt this Period  
384.62

Receipt

Payroll Deduction: (384.6-2/Pay Period )

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

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

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

Name of Employer Occupation  
Fresenius Medical Care NA SVP Human Resources & Admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

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

**Transaction ID:** 10315.C2868

Amount of Each Receipt this Period  
330.00

Receipt

Payroll Deduction: (330.0-0/Pay Period )

**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 ▼ 260.00

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

**Transaction ID:** 10315.C2916

Amount of Each Receipt this Period  
130.00

Receipt

Payroll Deduction: (130.0-0/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **844.62**

**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: PAGE 7 / 10  
(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)  
Deborah A. Forshee

Mailing Address 100 Galleria Pkwy SE  
Suite 500

City Atlanta State GA Zip Code 30339-3179

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 ▼ 307.68

Date of Receipt: 02 / 28 / 2011  
Transaction ID: 10315.C2939  
Amount of Each Receipt this Period: 153.84  
Receipt  
Payroll Deduction: (153.8-4/Pay Period)

**B.** 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 ▼ 307.68

Date of Receipt: 02 / 28 / 2011  
Transaction ID: 10315.C2902  
Amount of Each Receipt this Period: 153.84  
Receipt  
Payroll Deduction: (153.8-4/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Douglas G. Kott

Mailing Address 211 Claybook Rd.

City Dover State MA Zip Code 02030-2008

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

Name of Employer: Fresenius Medical Care NA Occupation: Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 769.24

Date of Receipt: 02 / 28 / 2011  
Transaction ID: 10315.C2871  
Amount of Each Receipt this Period: 384.62  
Receipt  
Payroll Deduction: (384.6-2/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **692.30**

**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 / 10
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Donna McCarthy	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 34 Warren St	<b>Transaction ID:</b> 10315.C2861
	City State Zip Code Wellfleet MA 02667-8527	Amount of Each Receipt this Period 230.76
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (230.7-6/Pay Period )
Name of Employer Fresenius Medical Care NA	Occupation West Division President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert McGorty	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 2 Walter Circle	<b>Transaction ID:</b> 10315.C2892
	City State Zip Code Westford MA 01886-4533	Amount of Each Receipt this Period 230.76
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (230.7-6/Pay Period )
Name of Employer Fresenius Medical Care NA	Occupation VP Finance & Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kim Sonnen	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 240 S Madison St	<b>Transaction ID:</b> 10315.C2899
	City State Zip Code Denver CO 80209-3010	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (260.0-0/Pay Period )
Name of Employer Fresenius Medical Care NA	Occupation SVP Marketing & Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>721.52</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 / 10	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Liam Walsh		Date of Receipt																					
	Mailing Address 5809 Chatham Ln		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	8		2	0	1	1														
	City State Zip Code The Colony TX 75056-7109		<b>Transaction ID:</b> 10315.C2903																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.00																					
Name of Employer Occupation Fresenius Medical Care NA VP Finance		Receipt																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 268.00																						
		Payroll Deduction: (134.0-0/Pay Period)																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	134.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2392.44

**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 10 / 10

<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> Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	Transaction ID: 10315.E243 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 1
	Mailing Address Attn Karrie Cohen 209 Pennsylvania Ave, SE City Washington State DC Zip Code 20003-1107 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: annual/other
Amount of Each Disbursement this Period 2500.00 DIRECT CONTRIBUTION	
<b>B.</b> Full Name (Last, First, Middle Initial) McCarthy for Congress	Transaction ID: 10315.E242 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Mailing Address 213 Ashby Street City Alexandria State VA Zip Code 22305- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name KEVIN MR MCCARTHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 22
Amount of Each Disbursement this Period 2500.00 DIRECT CONTRIBUTION	

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

5000.00

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

5000.00