

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
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

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"><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	11023.10									
(c) Total Receipts (from Line 19)	10034.21	99336.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21057.31	106600.91								
7. Total Disbursements (from Line 31)	6033.60	91577.20								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15023.71	15023.71								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Fresenius Medical Care North America PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	9049.59	86992.26
(ii) Unitemized	984.62	12344.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10034.21	99336.40
(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)	10034.21	99336.40
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))	10034.21	99336.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10034.21	99336.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	33.60	975.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	33.60	975.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	90602.00
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))..	6033.60	91577.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6033.60	91577.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	10034.21	99336.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10034.21	99336.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	33.60	975.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	33.60	975.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18
(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

<p>A. Full Name (Last, First, Middle Initial) Debbie Arrington</p> <p>Mailing Address 15011 W Columbine Drive</p> <p>City State Zip Code Surprise AZ 85379-5936</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fresenius Medical Care NA Area Manager</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 442.29</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9</p> <p>Transaction ID: 91109.C1355</p> <p>Amount of Each Receipt this Period 57.69</p> <p>Receipt</p> <p>Payroll Deduction: (57.69- /Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) John R Barr</p> <p>Mailing Address 14326 South Gary Avenue</p> <p>City State Zip Code Bixby OK 74008-8032</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fresenius Medical Care NA Manager, Field Service & Train</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 202.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9</p> <p>Transaction ID: 91109.C1357</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Receipt</p> <p>Payroll Deduction: (30.00- /Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Charles E Brown</p> <p>Mailing Address 4640 Glen Coe Street</p> <p>City State Zip Code Leesburg FL 34748-2304</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fresenius Medical Care NA Clinical Manager</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 440.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9</p> <p>Transaction ID: 91109.C1400</p> <p>Amount of Each Receipt this Period 60.00</p> <p>Receipt</p> <p>Payroll Deduction: (60.00- /Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	147.69
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: PAGE 7 / 18
(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

<p>A. Full Name (Last, First, Middle Initial) David Carter</p> <p>Mailing Address 5215 Wiltonwood Ct</p> <p>City State Zip Code Indianapolis IN 46254-9665</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fresenius Medical Care NA VP Operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1430.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2009</p> <p>Transaction ID: 91109.C1415</p> <p>Amount of Each Receipt this Period 195.00</p> <p>Receipt</p> <p>Payroll Deduction: (195.0-0/Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Simon D Castellanos</p> <p>Mailing Address 2670 S Youngfield Ct</p> <p>City State Zip Code Denver CO 80228-4937</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fresenius Medical Care NA Business Unit President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2538.80</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2009</p> <p>Transaction ID: 91109.C1362</p> <p>Amount of Each Receipt this Period 346.20</p> <p>Receipt</p> <p>Payroll Deduction: (346.2-0/Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Steven P Covino</p> <p>Mailing Address 6 Williams Street</p> <p>City State Zip Code Waltham MA 02453-4131</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fresenius Medical Care NA Director of Benefits</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 423.06</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2009</p> <p>Transaction ID: 91109.C1366</p> <p>Amount of Each Receipt this Period 57.69</p> <p>Receipt</p> <p>Payroll Deduction: (57.69-/Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	598.89
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 / 18
	<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) Kathleen Crocker	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 9 Kimball Ct	Transaction ID: 91109.C1368
	City State Zip Code Burlington MA 01803-3857	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Fresenius Medical Care NA	Occupation VP FMS Operations Sys Devlp	Payroll Deduction: (50.00- /Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) Nicole Devore	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 801 Pennsylvania Ave NW Suite 225	Transaction ID: 91109.C1376
	City State Zip Code Washington DC 20004-2604	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 Director	Payroll Deduction: (57.69- /Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

C.	Full Name (Last, First, Middle Initial) Carol A Ernst	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 22370 N 64th Ave	Transaction ID: 91109.C1371
	City State Zip Code Glendale AZ 85310-4259	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Fresenius Medical Care NA	Occupation Area Manager	Payroll Deduction: (115.3- 8/Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.58	

SUBTOTAL of Receipts This Page (optional)	223.07
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 / 18
(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

<p>A. Full Name (Last, First, Middle Initial) Mark R Fawcett</p> <p>Mailing Address 100 Franklin Street</p> <p>City State Zip Code Arlington MA 02474-3214</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fresenius Medical Care NA Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 836.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2009</p> <p>Transaction ID: 91109.C1420</p> <p>Amount of Each Receipt this Period 114.00</p> <p>Receipt</p> <p>Payroll Deduction: (114.0-0/Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) James Freedman</p> <p>Mailing Address 269 Rolling Meadow</p> <p>City State Zip Code Holliston MA 01746-1521</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fresenius Medical Care NA VP Leadership & Prof Dev</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 880.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2009</p> <p>Transaction ID: 91109.C1375</p> <p>Amount of Each Receipt this Period 120.00</p> <p>Receipt</p> <p>Payroll Deduction: (120.0-0/Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Balaji Gandhi</p> <p>Mailing Address 920 Winter St</p> <p>City State Zip Code Waltham MA 02451-1521</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fresenius Medical Care NA VP Govt & External Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2009</p> <p>Transaction ID: 91109.C1444</p> <p>Amount of Each Receipt this Period 150.00</p> <p>Receipt</p> <p>Payroll Deduction: (150.0-0/Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	384.00
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 10 / 18
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Kimberly Grelle-Swint

Mailing Address 6100 Bandera Rd
Suite 600

City San Antonio State TX Zip Code 78238-1667

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

Name of Employer: Fresenius Medical Care NA Occupation: Regional Director of Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 10 / 30 / 2009

Transaction ID: 91109.C1432

Amount of Each Receipt this Period: 57.69

Receipt

Payroll Deduction: (57.69-Monthly)

B.

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

Mailing Address 310 Magnolia Ln

City Covington State LA Zip Code 70433-4719

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

Name of Employer: Fresenius Medical Care NA Occupation: BU Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.20

Date of Receipt: 10 / 30 / 2009

Transaction ID: 91109.C1433

Amount of Each Receipt this Period: 86.55

Receipt

Payroll Deduction: (86.55-Monthly)

C.

Full Name (Last, First, Middle Initial)
K. Brett Heiner

Mailing Address 874 West 1145 North

City West Point State UT Zip Code 84015-8876

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

Name of Employer: Fresenius Medical Care NA Occupation: Distribution Center Manager II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 10 / 30 / 2009

Transaction ID: 91109.C1380

Amount of Each Receipt this Period: 30.00

Receipt

Payroll Deduction: (30.00-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **174.24**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 18
(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) Susan Johnson		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 1206 Oak Park Rd		Transaction ID: 91109.C1443
City Council Bluffs	State IA	Zip Code 51503-1358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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 ▼ 300.00	Payroll Deduction: (75.00- /Monthly)

B.

Full Name (Last, First, Middle Initial) Matthew D Kinser		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 750 Old Hickory Blvd Suite 230		Transaction ID: 91109.C1383
City Brentwood	State TN	Zip Code 37027-4528
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer Fresenius Medical Care NA	Occupation VP Managed Care	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 679.98	Payroll Deduction: (115.3- 8/Monthly)

C.

Full Name (Last, First, Middle Initial) Brian H Lipinski		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 4308 Castle Rock Ct		Transaction ID: 91109.C1419
City Irving	State TX	Zip Code 75038-6438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
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 ▼ 1692.24	Payroll Deduction: (230.7- 6/Monthly)

SUBTOTAL of Receipts This Page (optional)	421.14
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 / 18

(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)
Wm Gary Livesay

Mailing Address 520 10th Avenue South

City State Zip Code
Surfside Beach MA 29575-3213

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 ▼ 220.00

Date of Receipt

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

Transaction ID: 91109.C1405

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (30.00-
/Monthly)

B.

Full Name (Last, First, Middle Initial)
Carmen Maddocks

Mailing Address 4629 E Chandler Blvd #100

City State Zip Code
Phoenix AZ 85048-0429

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 ▼ 384.60

Date of Receipt

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

Transaction ID: 91109.C1382

Amount of Each Receipt this Period

115.38

Receipt

Payroll Deduction: (115.3-
8/Monthly)

C.

Full Name (Last, First, Middle Initial)
Patricia H Maurer

Mailing Address 343 Mariner Circle

City State Zip Code
Woodstock GA 30189-5199

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

Name of Employer Occupation
Fresenius Medical Care NA USV Director of Finance

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 0 / 2 0 0 9

Transaction ID: 91109.C1387

Amount of Each Receipt this Period

60.00

Receipt

Payroll Deduction: (60.00-
/Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

205.38

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 13 / 18
(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 ▼ 2538.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 91109.C1388

Amount of Each Receipt this Period
346.14

Receipt

Payroll Deduction: (346.1-4/Monthly)

B.

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

Mailing Address 93 Russell Street

City State Zip Code
Waltham MA 02453-8510

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 ▼ 265.19

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 91109.C1421

Amount of Each Receipt this Period
34.59

Receipt

Payroll Deduction: (34.59-/Monthly)

C.

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

Mailing Address 105 W 7th Avenue Suite 1000

City State Zip Code
Corsicana TX 75110-6449

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

Name of Employer Occupation
Fresenius Medical Care NA Regional VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 91109.C1390

Amount of Each Receipt this Period
45.00

Receipt

Payroll Deduction: (45.00-/Monthly)

SUBTOTAL of Receipts This Page (optional) ► **425.73**

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 14 / 18
(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)
Jonathan Pinelli
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 Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 21 / 2009
Transaction ID: 91109.C1353
Amount of Each Receipt this Period 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Brian Riddle
Mailing Address 8 Brookside Ct
City Methuen State MA Zip Code 01844-1245
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 423.06
Date of Receipt 10 / 30 / 2009
Transaction ID: 91109.C1393
Amount of Each Receipt this Period 57.69
Receipt
Payroll Deduction: (57.69- /Monthly)

C. Full Name (Last, First, Middle Initial)
Robert Sepucha
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 Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 10 / 30 / 2009
Transaction ID: 91109.C1354
Amount of Each Receipt this Period 5000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 5357.69
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 15 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kim Sonnen	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 240 S Madison St	Transaction ID: 91109.C1395
	City State Zip Code Denver CO 80209-3010	Amount of Each Receipt this Period 390.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA SVP Marketing & Managed Care	Payroll Deduction: (390.0-0/Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2860.00	

B.	Full Name (Last, First, Middle Initial) Liam Walsh	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 5809 Chatham Ln	Transaction ID: 91109.C1398
	City State Zip Code The Colony TX 75056-7109	Amount of Each Receipt this Period 201.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Fresenius Medical Care NA VP Finance	Payroll Deduction: (201.0-0/Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1734.40	

C.	Full Name (Last, First, Middle Initial) Deborah A. Wells	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 100 Galleria Pkwy SE Suite 500	Transaction ID: 91109.C1442
	City State Zip Code Atlanta GA 30339-3179	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	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 ▼ 999.96	

SUBTOTAL of Receipts This Page (optional)	821.76
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 / 18

(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)
Jeffrey West

Mailing Address 401 Plymouth Road
Suite 500

City State Zip Code
Plymouth Meeting PA 19462-1726

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 ▼ 330.00

Date of Receipt

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

Transaction ID: 91109.C1447

Amount of Each Receipt this Period

90.00

Receipt

Payroll Deduction: (90.00-
/Monthly)

B.

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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3050.00

Date of Receipt

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

Transaction ID: 91109.C1399

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (200.0-
0/Monthly)

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

9049.59

**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 17 / 18

<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: 91006.E150

Date of Disbursement

10 / 02 / 2009

Amount of Each Disbursement this Period

33.60

BANK SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional)

33.60

TOTAL This Period (last page this line number only)

33.60

**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 18 / 18

<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)
**COMMITTEE FOR HISPANIC CAUSES/BUILDING OUR LEADERSHIP
DIVERSITY PAC (CHC BOLD PAC)**

Mailing Address 1831 Bay St SE

City Washington State DC Zip Code 20003-2510

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
**COMMITTEE FOR HISPANIC CAUSES/BUILDING OUR LEADERSHIP
DIVERSITY PAC (CHC BOLD PAC)**

Office Sought: House Senate President
Disbursement For: 2009 Primary General
 Other (specify) ▼

State: District: annual/other

Transaction ID: 91109.E152

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

5000.00

DIRECT CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Citizens for Harkin

Mailing Address 426 C St NE

City Washington State DC Zip Code 20002-5839

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
THOMAS RICHARD HARKIN

Office Sought: House Senate President
Disbursement For: 2014 Primary General
 Other (specify) ▼

State: IA District: 00

Transaction ID: 91109.E151

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00