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Clerk of the House of Representatives Legislative Resource Center 9-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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### LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name <b>Fresenius Medical Care North America</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>Twelfth Floor, 1875 Eye Street, NW, Washington, DC 20006</b>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or County): _____			
4. Contact Name <b>Kathleen Smith</b>	Telephone <b>(202) 296-8632</b>	E-mail (optional) <b>ksmith@corp.fmcna.com</b>	5. Senate ID # <b>32008-152</b>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <b>32107019</b>

**TYPE OF REPORT** 8. Year \_\_\_\_\_ Midyear (January 1-June 30)  OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date \_\_\_\_\_

11. No Lobbying Activity

#### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____  <small>Income (nearest \$20,000)</small></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____  <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using I.D.A. definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(3) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature *Kathleen Smith*  
 Printed Name and Title VP Government Affairs

Registrant Name Prescribers Medical Care Client Name \_\_\_\_\_  
North America

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code mmrn (one per page)

16. Specific lobbying issues

Medicare - End Stage Renal Disease Program  
Medicare General  
Medicaid

17. House(s) of Congress and Federal agencies contacted

Check if None

U.S. House of Representatives  
U.S. Senate  
U.S. Department of HHS  
Health Care Financing Admin.

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
Kathleen T. Smith	Vice President, Govt. Affairs	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature Kathleen Smith Date 2/15/01

Printed Name and Title VP Government Affairs