

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY  
WASHINGTON, D.C. 20001**

Year 2012

- Original  
 Amendment

**LOBBYIST ACTIVITY REPORT \***

(See next page for instructions)

ID# LOB000122320

Type of Report:  January 10th If you are filing a January Report, please indicate whether you intend to lobby in the upcoming calendar year.  Yes  No

July \_\_\_\_\_

1. (a) Registrant's Name Fresenius Medical Care (b) Daytime Phone Number  
574-273-6787

(c) Permanent Address 250 E. Day Road, Suite 300 Mishawaka, IN 46545  
(Street Address) (City, State, Zip Code)

(d) Temporary Address (while lobbying)  
(Street Address) (City, State, Zip Code)

2. Lobbyist (s) Working for Registrant: Attach a Supplemental Sheet if additional space is needed.

(a) Name Martin Guy Rohling (b) Name \_\_\_\_\_  
Address Albers & Company, 1655 North Fort Address \_\_\_\_\_  
(Street Address) (Street Address)  
Myer Drive, #700, Arlington, VA 22209 (City, State, Zip Code)  
Daytime Phone Number 703-358-9100 Daytime Phone Number \_\_\_\_\_

3. Person Compensating Registrant

(a) Name N/A (b) Daytime Phone Number \_\_\_\_\_

(c) Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

(d) Nature of Business \_\_\_\_\_

4. Terms of Compensation: (a) varies (b) 2012  
Salary Duration of Employment

5. Identify matter(s) by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

Issues relating to dialysis and chronic kidney disease.

\* REMINDER – Each new or previously registered Lobbyist must file a Lobbyist Registration Form by January 15<sup>th</sup> of each year.

6. Identify the official and title, if known, in the Executive or Legislative Branch with whom the registrant has had oral or written communication during the reporting period relating to lobbying activities, and the date that communication was made. Attach a Supplemental Sheet if additional space is needed.

Name None Date \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

7. Total compensation/receipts paid to the Lobbyist for lobbying during the reporting period: \$ 0.00  
(Schedule A)  
8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$ 0.00  
(Schedule A-1)  
9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$ 0.00  
(Schedule A-2)  
10. Total receipts (Add Lines 7, 8, and 9) \$ 0.00  
11. Total of expenditures made for purposes of lobbying during the reporting period: \$ 9,074.75  
(Schedule B)  
12. Total of other expenditures related to lobbying activities: \$ 0.00  
(Schedule B-1)  
13. Total expenditures (Add Lines 11 and 12) \$ 9,074.75

**BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY**  
**LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1**  
**SCHEDULE A – COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:**

YEAR: 2012

Type of Report:  January 10th  July \_\_\_\_\_

Period Covering: 7/1/2012 through 12/31/2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Fresenius Medical Care

COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)						
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)						
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)						
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)						
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
<b>TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)</b>					\$ 0.00	\$ 0.00

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE NEXT PAGE FOR INSTRUCTIONS)

**BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY  
 LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1  
 SCHEDULE A-1 -- LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR  
 LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:**

YEAR: 2012

Type of Report:  January 10th  July \_\_\_\_\_

Period Covering: 7/1/2012 through 12/31/2012

LOBBYIST/EMPLOYEE LOBBYIST'S

NAME: Fresenius Medical Care

OTHER COMPENSATION/RECEIPTS RECEIVED BY THE LOBBYIST AND/OR LOBBYIST EMPLOYEE AND PAID BY THE COMPENSATING REGISTRANT FOR LOBBYIST ACTIVITIES IN THE DISTRICT						TOTAL THIS PERIOD	CUMULATIVE TOTAL
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
<b>TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 8)</b>						\$0.00	\$0.00

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1  
(SEE NEXT PAGE FOR INSTRUCTIONS)

**BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY**  
**LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1**  
**SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST**

YEAR: 2012

Type of Report:  January 10th  July \_\_\_\_\_

Period Covering: 7/1/2012 through 12/31/2012

LOBBYIST/EMPLOYEE LOBBYIST  
 NAME: Fresenius Medical Care

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY.					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER TOTAL						
LOAN						
\$	\$	\$	\$	\$	\$	\$
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)					\$0.00	\$0.00
<input type="checkbox"/> IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE REVERSE SIDE FOR INSTRUCTIONS)					\$0.00	\$0.00

**BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY**  
**COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE 1 OF 1**  
**SCHEDULE B – EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST**  
**YEAR: 2012**

Type of Report:  January 10th  July \_\_\_\_\_

Period Covering: 7/1/2012 through 12/31/2012

COMPENSATING REGISTRANT'S NAME: Fresenius Medical Care

PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES				
ACTIVITY EXPENSES INCURRED, OR PAID BY THE COMPENSATING REGISTRANT TO THE LOBBYIST AND/OR IN-HOUSE EMPLOYEE LOBBYIST FOR ACTIVITIES RELATIVE TO LOBBYING ACTIVITIES IN THE DISTRICT OF COLUMBIA.				
DATE	NAME AND ADDRESS OF PAYEE	PURPOSE OF COMPENSATION	TOTAL THIS PERIOD	CUMULATIVE TOTAL
12/1/2012	Albers & Company 1655 North Fort Myer Drive, Suite 700 Arlington, VA 22209	Government Relations Consulting	\$9,000.00	\$25,000.00
12/1/2012	Albers & Company 1655 North Fort Myer Drive, Suite 700 Arlington, VA 22209	Expenses	\$74.75	\$348.63
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>TOTAL EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 11)</b>			\$ 9,074.75	\$ 25,348.63

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET  
(SEE NEXT PAGE FOR INSTRUCTIONS)



**BOARD OF ETHICS AND  
GOVERNMENT  
ACCOUNTABILITY  
LOBBYIST ACTIVITY REPORT  
SCHEDULE C**      YEAR 2012  
(See next page for Instructions)

Type of Report  January 10th  July \_\_\_\_\_

Covering Period 7/1/2012 through 12/31/2012

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: Fresenius Medical Care

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT

I, the undersigned, declare under oath and on penalty of perjury that the statements contained on this Lobbyist Activity Report are to the best of my knowledge, true, correct, and complete.

William E. Albers

Signature of Registrant (or, if not an individual, an authorized officer or agent\* of registrant must sign). William E. Albers on behalf of Fresenius Medical Care.

\*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.

Subscribed and sworn to before me on this 10<sup>th</sup> day of January, 2013

My commission Expires: My Comm. Exps. 12/31/2013

Alfred Brauer  
Notary Public

