

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2014 JUL 17 AM 11:16  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

FEC MAIL CENTER

NXSTAGE MEDICAL, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

350 MERRIMACK STREET



Check if different  
than previously  
reported. (ACC)

LAWRENCE

MA

01843

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00463745

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  
Year-End 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)

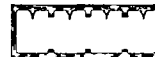


Convention (12C)



Special (12S)

Election on



in the  
State of



(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

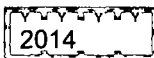
Election on



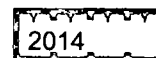
in the  
State of



5. Covering Period



through



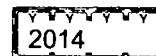
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MATTHEW W. TOWSE

Signature of Treasurer

*Matthew W. Towse*

Date



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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NXSTAGE MEDICAL, INC. POLITICAL ACTION

Report Covering the Period:

From:

04 / 01 / 2014

To:

06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2014	344368
(b) Cash on Hand at Beginning of Reporting Period.....	344368	
(c) Total Receipts (from Line 19) .....		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	344368	344368
7. Total Disbursements (from Line 31) .....		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	344368	344368
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		



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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NXSTAGE MEDICAL, INC. POLITICAL ACTION

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2014

To:

MM / DD / YYYY  
06 / 30 / 2014

MM / DD / YYYY  
06 / 30 / 2014

MM / DD / YYYY  
06 / 30 / 2014

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).....

(ii) Unitemized .....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees .....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5) .....

12. Transfers From Affiliated/Other  
Party Committees .....

13. All Loans Received .....

14. Loan Repayments Received .....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5) .....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees .....

17. Other Federal Receipts  
(Dividends, Interest, etc.) .....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3) .....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b)) ..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19) .....

7

---

**COLUMN B**  
**Calendar Year-to-Date**

-

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....		
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶		
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ▶		

**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 OF

<input 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)

NXSTAGE MEDICAL, INC. POLITICAL ACTION

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts 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)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

NXSTAGE MEDICAL, INC. POLITICAL ACTION

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

B.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

C.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

Amount of Each Disbursement this Period

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

Amount of Each Disbursement this Period

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

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

PAGE      OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL, INC. POLITICAL ACTION

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Election:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

% (apr)

Secured:

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ➤

**TOTALS** This Period (last page in this line only)..... ➤

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C-1 (FEC Form 3X)**

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)  NXSTAGE MEDICAL, INC. POLITICAL ACTION.		<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %	
Mailing Address	Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div>		
City State Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div>		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div>	
Title			

140303-127-0047

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate  
 schedule(s)  
 for each  
 numbered line)

PAGE 9 OF 10  
 FOR LINE NUMBER:  
 (check only one)

NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL, INC. POLITICAL ACTION

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ▶

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ▶

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

140M11N10048

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE      OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  NXSTAGE MEDICAL, INC. POLITICAL ACTION	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C 0 0 4 6 3 7 4 5 </div>
---	--

Check if ☐ 24-hour report    ☐ 48-hour report    ☐ New report    ☐ Amends report filed on

Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State      Zip Code	Date of Disbursement or Obligation	
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State      Zip Code	Date of Disbursement or Obligation	
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 22 22 22 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 22 22 22 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 22 22 22 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date 

M M / D D / Y Y Y Y Y Y

# **SCHEDULE F (FEC Form 3X)**

## **ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) <b>NXSTAGE MEDICAL, INC. POLITICAL ACTION</b>	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee  Mailing Address  City _____ State _____ ZIP Code _____

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="text"/> Category/ Type						
Mailing Address	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>						
City _____ State _____ Zip Code _____	Amount	<input type="text"/>						
Name of Federal Candidate Supported _____ Office Sought: <table border="1"><tr><td>House</td><td>State: _____</td></tr><tr><td>Senate</td><td>District: _____</td></tr><tr><td>Presidential</td><td></td></tr></table>	House	State: _____	Senate	District: _____	Presidential			
House	State: _____							
Senate	District: _____							
Presidential								
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>								

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="text"/> Category/ Type						
Mailing Address	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>						
City _____ State _____ Zip Code _____	Amount	<input type="text"/>						
Name of Federal Candidate Supported _____ Office Sought: <table border="1"><tr><td>House</td><td>State: _____</td></tr><tr><td>Senate</td><td>District: _____</td></tr><tr><td>Presidential</td><td></td></tr></table>	House	State: _____	Senate	District: _____	Presidential			
House	State: _____							
Senate	District: _____							
Presidential								
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>								

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="text"/> Category/ Type						
Mailing Address	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>						
City _____ State _____ Zip Code _____	Amount	<input type="text"/>						
Name of Federal Candidate Supported _____ Office Sought: <table border="1"><tr><td>House</td><td>State: _____</td></tr><tr><td>Senate</td><td>District: _____</td></tr><tr><td>Presidential</td><td></td></tr></table>	House	State: _____	Senate	District: _____	Presidential			
House	State: _____							
Senate	District: _____							
Presidential								
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>								

<b>SUBTOTAL</b> of Expenditures This Page (optional).....▶	<input type="text"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

140N-11N-00100

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL, INC. POLITICAL ACTION

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative ☐      Generic Voter Drive ☐      Public Communications Referencing Party Only ☐

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)  
NXSTAGE MEDICAL, INC. POLITICAL ACTION

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.


Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>

PAGE	OF
FOR LINE 18a OF FORM 3X	

NAME OF ACCOUNT



**i) Total Administrative .....**

ii) Generic Voter Drive .....

iii) Exempt Activities.....



iv) Direct Fundraising (List Activity or Event Identifier)

b) \_\_\_\_\_


c) Total Amount Transferred For Direct Fundraising .....

**v) Direct Candidate Support** (List Activity or Event Identifier)


a) 

b) \_\_\_\_\_

c) Total Amount Transferred For Direct Candidate Support.....



vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTAL This Period (Administrative)**.....**TOTAL This Period (Generic Voter Drive) .....****TOTAL This Period (Exempt Activities)**.....**TOTAL This Period (Direct Fundraising)** .....**TOTAL This Period (Direct Candidate Support)** .....**TOTAL This Period (Public Communications Referring Only to Party) .....****TOTAL This Period (Total Amount Transferred)**.....

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE	OF
FOR LINE 21a OF FORM 3X	

NAME OF COMMITTEE (In Full)  
NXSTAGE MEDICAL, INC. POLITICAL ACTION

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code	Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:		Category/ Type	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Activity or Event Identifier:			<input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input type="text"/>

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code	Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:		Category/ Type	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Activity or Event Identifier:			<input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input type="text"/>

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code	Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:		Category/ Type	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Activity or Event Identifier:			<input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input type="text"/>

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

11000-1101-0004



**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE      OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL, INC. POLITICAL ACTION

NAME OF ACCOUNT

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

XXXXXXXXXXXXXXXXXXXX

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

XXXXXXXXXXXXXXXXXXXX

**ii) Voter ID**

Total Amount Transferred for Voter ID.....

VOTER ID

XXXXXXXXXXXXXXXXXXXX

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

XXXXXXXXXXXXXXXXXXXX

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

XXXXXXXXXXXXXXXXXXXX

NAME OF ACCOUNT

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

XXXXXXXXXXXXXXXXXXXX

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

XXXXXXXXXXXXXXXXXXXX

**ii) Voter ID**

Total Amount Transferred for Voter ID.....

VOTER ID

XXXXXXXXXXXXXXXXXXXX

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

XXXXXXXXXXXXXXXXXXXX

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

XXXXXXXXXXXXXXXXXXXX

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (Voter ID) .....

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (GOTV).....

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (Generic Campaign Activity).....

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (Total Amount of Transfers Received).....

XXXXXXXXXXXXXXXXXXXX

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)  
NXSTAGE MEDICAL, INC. POLITICAL ACTION

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV  
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/  
Type

Date

 /  / 

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT




B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV  
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/  
Type

Date

 /  / 

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT




C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV  
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/  
Type

Date

 /  / 

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT




**SUBTOTAL** of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT




**TOTAL** This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

**TOTAL** This Period for the Levin Share

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) NXSTAGE MEDICAL, INC. POLITICAL ACTION		
NAME OF ACCOUNT		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
2. OTHER RECEIPTS .....		
3. TOTAL RECEIPTS ..... (Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
5. OTHER DISBURSEMENTS .....		
6. TOTAL DISBURSEMENTS ..... (Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND ..... (for Column B, use cash as of January 1st)		
8. RECEIPTS ..... (from Line 3)		
9. SUBTOTAL ..... (Add Lines 7 and 8)		
10. DISBURSEMENTS ..... (From Line 6)		
11. ENDING CASH ON HAND ..... (Subtract Line 10 From Line 9)		

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a

☐ 2

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)

NXSTAGE MEDICAL, INC. POLITICAL ACTION

Full Name (Last, First, Middle Initial) / Full Organization Name

A.				Date of Receipt	
Mailing Address				<input type="text"/>	
City		State	Zip Code	<input type="text"/>	
Name of Employer or Principal Place of Business				<input type="text"/>	
Occupation				<input type="text"/>	
Full Name (Last, First, Middle Initial) / Full Organization Name				Date of Receipt	
Mailing Address				<input type="text"/>	
City		State	Zip Code	<input type="text"/>	
Name of Employer or Principal Place of Business				<input type="text"/>	
Occupation				<input type="text"/>	
Full Name (Last, First, Middle Initial) / Full Organization Name				Date of Receipt	
Mailing Address				<input type="text"/>	
City		State	Zip Code	<input type="text"/>	
Name of Employer or Principal Place of Business				<input type="text"/>	
Occupation				<input type="text"/>	
Full Name (Last, First, Middle Initial) / Full Organization Name				Date of Receipt	
Mailing Address				<input type="text"/>	
City		State	Zip Code	<input type="text"/>	
Name of Employer or Principal Place of Business				<input type="text"/>	
Occupation				<input type="text"/>	
Full Name (Last, First, Middle Initial) / Full Organization Name				Date of Receipt	
Mailing Address				<input type="text"/>	
City		State	Zip Code	<input type="text"/>	
Name of Employer or Principal Place of Business				<input type="text"/>	
Occupation				<input type="text"/>	
Full Name (Last, First, Middle Initial) / Full Organization Name				Date of Receipt	
Mailing Address				<input type="text"/>	
City		State	Zip Code	<input type="text"/>	
Name of Employer or Principal Place of Business				<input type="text"/>	
Occupation				<input type="text"/>	
SUBTOTAL of Receipts This Page (optional).....				<input type="text"/>	
TOTAL This Period (last page this line number only).....				<input type="text"/>	

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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)  
 NXSTAGE MEDICAL, INC. POLITICAL ACTION

<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Purpose of Disbursement _____			Date of Disbursement M M / D D / Y Y Y Y Y Y _____ Amount of Each Disbursement this Period _____
<b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Purpose of Disbursement _____			Date of Disbursement M M / D D / Y Y Y Y Y Y _____ Amount of Each Disbursement this Period _____
<b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Purpose of Disbursement _____			Date of Disbursement M M / D D / Y Y Y Y Y Y _____ Amount of Each Disbursement this Period _____
<b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Purpose of Disbursement _____			Date of Disbursement M M / D D / Y Y Y Y Y Y _____ Amount of Each Disbursement this Period _____
<b>E.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Purpose of Disbursement _____			Date of Disbursement M M / D D / Y Y Y Y Y Y _____ Amount of Each Disbursement this Period _____
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			_____ _____
<b>TOTAL</b> This Period (last page this line number only)..... ▶			_____ _____

1403 127 0000

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE



7011 1570 0000 6339 5132  
7011 1570 0000 6339 5132

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark  
Here

Sent To  
Federal Exchange  
Commission  
999 E STREET NW  
WASHINGTON DC  
20463  
PS Form 3800, August 2006  
See Reverse for Instructions

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<p>1. Article Addressed to: <b>FEDERAL EXCHANGE COMMISSION 999 E STREET NW WASHINGTON DC 20463</b></p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label) <b>7011 1570 0000 6339 5132</b></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	

**STAGE®**

*NxStage* Thompson  
NxStage Medical, Inc.

350 Merrimack St.

Lawrence, MA 01843 USA



7011 1570 0000 6339 5132



PITNEY BOWES

\$ 007.820

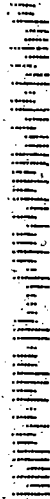
02 1P

0003183310 JUL 10 2014

MAILED FROM ZIP CODE 01843

FEDERAL EXCHANGE COM  
9901 E. STREET NW  
WASHINGTON DC 20463

RECEIVED  
2014 JUL 17 AM 11:16  
FEC MAIL CENTER



144-13700-26002

(8/2013)