

**FEC
FORM 3X**

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

RECEIVED

2015 JAN 20 AM 10:22
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

2014

through

MM / DD / YYYY

MM / DD / YYYY

2014

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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

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 COMMITTEE

Report Covering the Period:

From:

10 / 01 / 2014

To:

12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		3,443.68
(b) Cash on Hand at Beginning of Reporting Period.....	3,443.68	
(c) Total Receipts (from Line 19).....	15,000.00	15,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	18,443.68	18,443.68
7. Total Disbursements (from Line 31).....	6,000.00	6,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12,443.68	12,443.68
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 COMMITTEE

Report Covering the Period: From:

10 / 01 / 2014

To:

12 / 31 / 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).....

15,000.00

15,000.00

(ii) Unitemized.....

15,000.00

15,000.00

(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).....▶

15,000.00

15,000.00

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)).....▶

15,000.00

15,000.00

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

15,000.00

15,000.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,000.00	6,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (52 U.S.C. § 30101(2))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6,000.00	6,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6,000.00	6,000.00

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:		PAGE	OF
<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	

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 COMMITTEE

Full Name (Last, First, Middle Initial)

A. BURBANK, JEFFREY H

Mailing Address

18 SUNRISE ROAD

City

BOXFORD

State

MA

Zip Code

01921

FEC ID number of contributing
federal political committee.

C

Name of Employer

NXSTAGE MEDICAL, INC.

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼ **N/A**

Aggregate Year-to-Date ▼

5,000.00

Date of Receipt

11 / **11** / **2014**

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. TURK, JOSEPH E

Mailing Address

151 SANDRA LANE

City

NORTH ANDOVER

State

MA

Zip Code

01845

FEC ID number of contributing
federal political committee.

C

Name of Employer

NXSTAGE MEDICAL, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼ **N/A**

Aggregate Year-to-Date ▼

5,000.00

Date of Receipt

11 / **10** / **2014**

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

C. SWAN, WINIFRED L

Mailing Address

205 BABCOCK STREET

City

BROOKLINE

State

MA

Zip Code

02446

FEC ID number of contributing
federal political committee.

C

Name of Employer

NXSTAGE MEDICAL, INC.

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼ **N/A**

Aggregate Year-to-Date ▼

5,000.00

Date of Receipt

11 / **18** / **2014**

Amount of Each Receipt this Period

5,000.00

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

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

15,000.00

15,000.00

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)

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

PAGE OF

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 COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE GRASSLEY COMMITTEE

Date of Disbursement

Mailing Address

PO BOX 1000

11 / 11 / 2014

City

DES MOINES

State

IA

Zip Code

50304

Purpose of Disbursement

CAMPAIGN EVENT EXPENSES

007

Candidate Name

SEN. CHARLES GRASSLEY

Category/
Type

Amount of Each Disbursement this Period

2,500.00

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

State: IA

District:

Full Name (Last, First, Middle Initial)

B. IDAHO CONSERVATIVE GROSS FUND

Date of Disbursement

Mailing Address

701 8TH STREET NW, SUITE 500

11 / 18 / 2014

City

WASHINGTON DC

State

Zip Code

20001

Purpose of Disbursement

CAMPAIGN EVENT EXPENSES

007

Candidate Name

IDAHO CONSERVATIVE GROWTH FUND

Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Date of Disbursement

Mailing Address

192 LEXINGTON AVE

11 / 18 / 2014

City

NEW YORK

State

NY

Zip Code

10016

Purpose of Disbursement

CONTRIBUTION

007

Candidate Name

SEN. CHARLES E. SCHUMER

Category/
Type

Amount of Each Disbursement this Period

2,500.00

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

State: NY

District:

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

6,000.00

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

6,000.00

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 COMMITTEE

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

Secured:

% (apr)

☐ 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) <div style="border: 1px solid black; padding: 2px;">NXSTAGE MEDICAL, INC. POLITICAL ACTION COMMITTEE</div>		FEC IDENTIFICATION NUMBER <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: 1.2em; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> %
Mailing Address		Date Incurred or Established <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y <div style="border: 1px solid black; width: 1.2em; height: 1.2em; margin: 0 auto;"></div></div>	
City State Zip Code		Date Due <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y <div style="border: 1px solid black; width: 1.2em; height: 1.2em; margin: 0 auto;"></div></div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y <div style="border: 1px solid black; width: 1.2em; height: 1.2em; margin: 0 auto;"></div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 1.2em; 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: 1.2em; 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: 1.2em; 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: inline-block; text-align: center;">M M / D D / Y Y Y Y <div style="border: 1px solid black; width: 1.2em; height: 1.2em; margin: 0 auto;"></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: inline-block; text-align: center;">M M / D D / Y Y Y Y <div style="border: 1px solid black; width: 1.2em; height: 1.2em; margin: 0 auto;"></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: inline-block; text-align: center;">M M / D D / Y Y Y Y <div style="border: 1px solid black; width: 1.2em; height: 1.2em; margin: 0 auto;"></div></div>	
Title			

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE OF

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL, INC. POLITICAL ACTION COMMITTEE

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) ▶

tion: the moon

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER	
NXSTAGE MEDICAL, INC. POLITICAL ACTION COMMITTEE		C	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> 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		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	
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		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	
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			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
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	

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

PAGE OF
FOR LINE 25 OF FORM 3X

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

NAME OF COMMITTEE (In Full) NXSTAGE MEDICAL, INC. POLITICAL ACTION COMMITTEE		<input type="checkbox"/> Check if 24-hour notice
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="checkbox"/> Category/ Type
Mailing Address				Date		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House	State:	Amount		
		Senate	District:			
		Presidential				
Aggregate General Election Expenditure for this Candidate ▶						
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/> Category/ Type
Mailing Address				Date		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House	State:	Amount		
		Senate	District:			
		Presidential				
Aggregate General Election Expenditure for this Candidate ▶						
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/> Category/ Type
Mailing Address				Date		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House	State:	Amount		
		Senate	District:			
		Presidential				
Aggregate General Election Expenditure for this Candidate ▶						
SUBTOTAL of Expenditures This Page (optional).....▶						
TOTAL This Period (last page this line number only).....▶						

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)

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 COMMITTEE

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: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></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: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></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: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></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: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></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: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></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: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL, INC. POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

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)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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 COMMITTEE

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

M M /

D D /

Y Y Y Y

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

M M /

D D /

Y Y Y Y

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

M M /

D D /

Y Y Y Y

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

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

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 COMMITTEE

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

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

TOTAL This Period (Voter ID)

TOTAL This Period (GOTV).....

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

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

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 COMMITTEE			
A. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City _____ State _____ Zip Code _____ Purpose of Disbursement _____		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign Allocated Activity or Event Year-To-Date _____ Date M M / D D / Y Y Y Y <div style="display: flex; justify-content: space-between;"> FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div>	
B. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City _____ State _____ Zip Code _____ Purpose of Disbursement _____		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign Allocated Activity or Event Year-To-Date _____ Date M M / D D / Y Y Y Y <div style="display: flex; justify-content: space-between;"> FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div>	
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City _____ State _____ Zip Code _____ Purpose of Disbursement _____		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign Allocated Activity or Event Year-To-Date _____ Date M M / D D / Y Y Y Y <div style="display: flex; justify-content: space-between;"> FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div>	
SUBTOTAL of Shared Federal and Levin Activity This Page <div style="display: flex; justify-content: space-between; margin-top: 10px;"> FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div>			
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> FEDERAL SHARE LEVIN SHARE TOTAL AMOUNT </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div>			
TOTAL This Period for the Levin Share <div style="display: flex; justify-content: space-between; margin-top: 10px;"> LEVIN SHARE </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div>			

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

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

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

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NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL, INC. POLITICAL ACTION COMMITTEE

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

A.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

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

B.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

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

C.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

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

D.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

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

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

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

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:		PAGE	OF
<input type="checkbox"/>	4a	<input type="checkbox"/>	4c
<input type="checkbox"/>	4b	<input type="checkbox"/>	4d
		<input type="checkbox"/>	5

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NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL, INC. POLITICAL ACTION COMMITTEE

A. 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. 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
C. 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
D. 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
E. 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
SUBTOTAL of Disbursements This Page (optional).....			
TOTAL This Period (last page this line number only).....			

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Federal Election Commission
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1/20/15
DATE PREPARED

(8/2013)