## 2015-07-09-03-00006129

**FEC** FORM 3X

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

RECEIVED FEC MAIL CENTER

2015 JUL -9 AM 10: 49

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
NXSTAGE MEDICAL	, INC. POLITICAL A	CTION COMMITTEE		
<u> </u>				<u> </u>
ADDRESS (number and street)	350 MERRIMACK	STREET		
Check if different than previously reported. (ACC)	LAWRENCE		MA 01843	
2. FEC IDENTIFICATION N	UMBER ▼ CI	ITY 🛦	STATE A	ZIP CODE A
C 00463745	9	IS THIS NEW REPORT (N) C	OR AMENDED	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15	Report Due On: Ma	b 20 (M2) May 20 ( ar 20 (M3) Jun 20 (N ar 20 (M4) Jul 20 (N	M6) Sep 20 (M9)	Year Only)  Dec 20 (M12) (Non-Election Year Only)
Quarterly Report (  July 15 Quarterly Report (  October 15 Quarterly Report (	Q2) PRE-Election Report for the:	Primary (12P)  Convention (12C)	General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report ( July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report	1	ion on , , , , , , , , , , , , , , , , ,	/ <del>*********</del>	in the State of
5. Covering Period	4 01 2015	through M 0	6 201	5 5
I certify that I have examined to	MAATTTLITIAAAAA T		s true, correct and comple	ete.
Signature of Treasurer	MOTI -		Date OF / D	3 20 /5
NOTE: Submission of false, erro  Office Use Only  FE7AN014	neous, or incomplete informati	on may subject the person signi	FE	ties of 52 U.S.C. § 30109.  C FORM 3X  Rev. 12/2004

## 2015 - 07 - 09 - 03 - 00006150

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NXSTAGE	MEDICAL.	INC	POLITICAL	<b>ACTION</b>	<b>COMMITTEE</b>

Report Covering the Period:

From:

2015 01



2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1, 2015		12,443.68
	(b) Cash on Hand at Beginning of Reporting Period	12,443.68	
	(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)	12,443.68	12,443.68
<b>7</b> .	Total Disbursements (from Line 31)		
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 <b>TO</b> 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)		

#### For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NXSTAGE MEDICAL, INC. POLITICAL ACTION COMMITTEE

	04 / 01 / 2015 To	$06 \qquad \begin{array}{ c c c c c c c c c c c c c c c c c c c$
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶  12. Transfers From Affiliated/Other		
Party Committees		
<ul><li>14. Loan Repayments Received</li><li>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)</li></ul>		
(Carry Totals to Line 37, page 5)		
<ul><li>17. Other Federal Receipts (Dividends, Interest, etc.)</li><li>18. Transfers from Non-Federal and Levin Fur</li></ul>		
(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)▶		

#### **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)	10141 1113 1 01104	Caleituai Tear-to-Date
	(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		
23.	CommitteesContributions to		<u> </u>
	Federal Candidates/Committees and Other Political Committees		
	Independent Expenditures		
25.	(use Schedule E)		
	(use Schedule F)		
26.	Loan Repayments Made	4 4 9 4 4 9 4 4 7 4	T 1 172 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
27. 28.	Loans Made 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	20))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	<del></del>	
	(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))		
0.4	Total Dishussaments (-3311) - 04( ) - 05		
ა1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)		
34. Total Contribution Refunds		
(from Line 28(d))		
(subtract Line 34 from Line 33)		
(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)

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the X| 11a 11b 11c **Detailed Summary Page** 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) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC 1D number of contributing federal political committee. Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) C. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional).....

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

CHEDULE B (FEC FORM 3X)    Iso separate schedule(s)   FOR LINE			
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)	
	Detailed Summary Page	27	22 23 24 25 26 30b
Any information copied from such Reports and Staterr or for commercial purposes, other than using the nam	nents may not be sold or used e and address of any political	by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
NXSTAGE MEDICAL, INC. POLITICAL	ACTION		
Full Name (Last, First, Middle Initial)			
<b>4.</b>			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name	S.	Category/ Type	
Office Sought: House Disbursem			
<u> </u>	Primary ☐ General Other (specify) ▼	Ì	
State: District:			
Full Name (Last, First, Middle Initial)			
3.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disbursen	nent For:	.,,,,	
President	Primary ☐ General Other (specify) ▼		
State: District:  Full Name (Last, First, Middle Initial)	<del></del>	-	<del></del>
S.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	<b>1</b>		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	Amount of Each Disbursement this Feriod
Office Sought: House Disbursen	<del></del>		
President	Primary General Other (specify) ▼		
State: District:	<del> </del>		
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	
TOTAL This Period (last page this line number only)			

CHEDULE C (FEC Form 3X)			PAGE OF	
DANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X	
ME OF COMMITTEE (In Full)		Botaliou bullinary i ago	<u> </u>	
NXSTAGE MEDICAL, INC. POLITICA	AL ACTION			
LOAN SOURCE Full Name (Last, First, I	Middle Initial)		ection:	
<b>2000</b> - 2000 - 2000, 20	,	lΓ	Primary	
		·	General	
Mailing Address		_	Other (specify) ▼	
City	State ZIP	Code		
Original Amount of Loan	Cumulative Payment		Outstanding at Close of This Pe	
			C-41)-C-7-7-7-7-7-7-7-7-7-7-7	
TERMS				
Date Incurred	Date Di ነ የሚኖሩ ነ ነ ነ ነ ነ ነ ነ ነ ነ ነ ነ ነ	ue Interest Rate	Secured:	
			% (apr) Yes	
List All Endorsers or Guarantors (if any	) to Loan Source			
1. Full Name (Last, First, Middle Initial)	<del>.</del>	Name of Employer		
Mailing Address		Occupation		
Maining Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address	•	Occupation		
		Amount		
City State	ZIP Code	Guaranteed		
		Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address	<del>.</del>	Occupation		
City State	ZIP Code	Amount Guaranteed		
Sity State	Z.ii 0006	Outstanding:	<u> </u>	
4. Full Name (Last, First, Middle Initial)		Name of Employer	<del> </del>	
Mailing Address		Occupation		
Maining 1 100 1000		Cocupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
		Joiotanang.		
		Department.	· · · · · · · · · · · · · · · · · · ·	
UBTOTALS This Period This Page (options	ai)	<b>&gt;</b>	R 285 A B 285 B 3 285 C	
	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

Supplementary for Information found on Page of Schedule

Page of Schedule C Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** NXSTAGE MEDICAL, INC. POLITICAL ACTION. **LENDING INSTITUTION (LENDER)** Amount of Loan Interest Rate (APR) Full Name Mailing Address Date Incurred or Established State Zip Code City Date Due A. Has loan been restructured? If yes, date originally incurred ΠNο B. If line of credit, Total Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) D. Are any of the following pledged as collateral for the loan: real estate, personal What is the value of this collateral? property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? Yes If yes, specify: Does the lender have a perfected security interest in it? No E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: City, State, Zip: 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 DATE Typed Name Signature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: 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. 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. 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 Title

SCHEDULE D (FEC Form 3X)		///	PAGE OF			
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:			
<b>-</b>		for each numbered line)	(check only one) 9			
NAME OF COMMITTEE (In Full)		1	1 10			
NXSTAGE MEDICAL, INC. POLITICAL	ACTION					
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	Debt (Purpose):			
Mailing Address						
City State	Zip Code					
Outstanding Balance Beginning This Period						
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period			
D. F. II. N						
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of L	Debt (Purpose):			
With the same of t						
Mailing Address						
City State	Zip Code					
Outstanding Balance Beginning This Period						
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period			
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	Debt (Purpose):			
Mailing Address						
Mailing Address						
City	State Zip Code					
Outstanding Balance Beginning This Period		<u> </u>				
Amount Incurred This Period	Payment This Period		ing Balance at Close of This Period			
			(D) A-A-(D) A-A-(C) A			
1) SUBTOTALS This Period This Page (optional)		> [				
2) TOTALS This Period (last page this line number	r only)	<b>&gt;</b> [	29\			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	27.			
		2				

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

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

ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NXSTAGE MEDICAL, INC. POLITICAL ACTION	C 0 0 4 6 3 7 4 5
Check if 24-hour report 48-hour report New report Arr	nends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Mam, Lord, Lorday
Manning : Notice	Amount
City State Zip Code	
Purpose of Expenditure Category	Date of Disbursement or Obligation
Category/ Type	
Name of Federal Candidate	Support Office Sought: House District:
	Oppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Tan Name of Layee	Mary / Page / Provided in landi
Mailing Address	
1	Amount -
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	
Name of Federal Candidate	Support Office Sought: House District:
	Oppose President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	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 he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	erein were not made in cooperation, consultation, or concert or agent of either, or (if the reporting entity is not a political
Signature	Date Date
Oignature .	

## 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 (2 U.S.C. §441a(d)) 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 Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? □ NO YES Mailing Address If YES, name the designating committee: ZIP Code City State Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City Zip Code State 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 Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Date 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)
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)

SCHEDOLE HZ (FEC FOIIII 3X)		D405 05
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full) NXSTAGE MEDICAL, INC. POLITICAL ACTION		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA' ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
<ol> <li>FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised.</li> </ol>	nod" where the federal pro	pportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommodered where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public commodederal and nonfederal candidates, regardless of whether there is a reare allocated using a time/space method.	it derived by federal candi nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:		Contract Section 1945
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	TEDENAL /6	NONI EDENAL 78
Fundraising Direct Candidate Support		%
CHECK IF THE RATIO IS:	70	——————————————————————————————————————
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IO	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support  CHECK IF THE BATIO IS:		<u> </u>
New Revised Same as Previously Reported		
Same as Freviously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support		%
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	}	
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		•

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

PAGI	E	С	F		
EOB	LINE	182	OF	FORM	3)

NAME OF COMMITTE	E (In Full) EDICAL, INC. POLITICAL	ACTION		
NAME OF ACCOUN	VT	DATE OF RECEIPT	TOTAL AMOUNT T	RANSFERRED
		1 M . M . 1 CO .	ALM LANDON	
BREAKDOWN OF	TRANSFER RECEIVED		~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	
i) Total Adminis	strative			
				<del></del>
ii) Generic Vote	r Drive			
iii) Exempt Activ	ities			
	aising (List Activity or Event Ide			7 <u> </u>
iv) birect rundia	ising (List Activity of Event Ide	numer)		
a)				
			and and and it	
b)		<u></u>		
c) Total Amou	nt Transferred For Direct Funds	aising		
v) Direct Candid	late Support (List Activity or Ex	ent Identifier)		
a)				
			میکنیده محرجی	
b)				
c) lotal Amou	nt Iransferred For Direct Candid	date Support		,
vi) Public Comm	nunications Referring Only to	Party (Made by PAC)		
	TOTALS FO	OR BREAKDOWN OF TRANSFER	RECEIVED	<del>-</del>
TOTAL This Period (A	dministrative)			
		**************************************	<u> </u>	
TOTAL This Period (G	Generic Voter Drive)			
		<del></del>		٦
TOTAL This Period (E	xempt Activities)			
TOTAL This Period (C	Direct Fundraising)			
10172 1110 1 01100 (2	area area area area area area area area	<u></u>		<del></del>
TOTAL This Period (D	Pirect Candidate Support)			
TOTAL This Period (P	Public Communications Referring	Only to Party)		المحصم
TOTAL This Pariod /T	otal Amount Transferred\			
. JIAE IIIIS I-BIIUU (I	otal Amount Hansielleu)			

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

### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF		
FOR LINE	= 21a OF	FORM	3 X

	ME OF COMMITTEE (In Full) NXSTAGE MEDICAL, INC. POLITICAL	_ ACTION			
A.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Furpose of Disbutsement.				
	Activity or Event Identifier:		,	Category/ Type	Date D / D /
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
				<u> </u>	
В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Furpose of Disbursement.		· <u></u> -		
	Activity or Event Identifier:			Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
C.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:  Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	-			Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	Man / Load / Landada
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
	- COLING OTATIC	-	TON EDENAL		
_					
SI	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	Activity Thi	s Page NONFEDERAL	SHARE	= TOTAL AMOUNT
TC	OTAL This Period (last page for each line only)	(Federal sha	are to 21(a)(i) and	NonFederal sh	are to 21(a)(ii))
	FEDERAL SHARE	<b></b>	NONFEDERAL	SHARE	TOTAL AMOUNT
			<u> </u>		

#### 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)

_			, <b>y</b> ,	FOR LINE 18b OF FORM 3
N	NAME OF COMMITTEE (In Full)			
	NXSTAGE MEDICAL, INC. POLI	TICAL ACTION		
_	L VILLE OF ACCOUNT			
١	NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
	BREAKDOWN OF THIS TRANSFER		· <del></del>	
1	i) Voter Registration		VOTER REGISTR	IATION
	Total Amount Transferred fo	or Voter Registration	er my market have	
	ii) Voter ID		V	OTER ID
	1	or Voter ID	J J J	
١		Listens		
	iii) GOTV		<del></del>	GOTV
	Total Amount Transferred for	or GOTV		
1			·- ·	GENERIC CAMPAIGN ACTIVITY
	iv) Generic Campaign Activit	-	ſ-	
	lotal Amount Transferred to	or Generic Campaign Activity	·····	
	NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
İ	The state of the s		<del>₹₽₽₽₽₽₽₽₽₽</del> ₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽	
ŀ	BREAKDOWN OF THIS TRANSFER	<u>.                                    </u>	·	
1	_		VOTER REGISTR	RATION
	i) Voter Registration		<del></del>	
	Total Amount Transferred for	or Voter Hegistration	<i>(</i> ) <u> </u>	
	ii) Voter ID	r	V	OTER ID
ł	1	for Voter ID		
l		ů-	<u> </u>	
	iii) GOTV		<u> </u>	GOTV
Ì	Total Amount Transferred f	for GOTV		
	_		+	GENERIC CAMPAIGN ACTIVITY
	iv) Generic Campaign Activity			
	lotal Amount Transferred for	for Generic Campaign Activity	·····	
	TOTALS F	FOR BREAKDOWN OF TRANSFER	RECEIVED (La	ast Page Only)
	TOTAL This Period (Voter Registr	ration)	4-4-4	<del></del>
	TOTAL TIME FORM (TOTAL TREGISTI		<u> </u>	لمنحض
	TOTAL This Period (Voter ID)			
	TOTAL THIS FERIOU (VOICE ID)		A	
	TOTAL This Poried (COT)		<del></del>	
	TOTAL Trils Period (GOTV)			43 November 4
			Ŗ <del>-</del>	<del></del>
	TOTAL This Period (Generic Cam	paign Activity)	<u>Į</u>	
	TOTAL This Period (Total Amount	t of Transfers Received)		

PAGE

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## 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

FEC Schedule H6 (Form 3X) Rev. 02/2003

NAME OF COMMITTEE (In Full)	
NXSTAGE MEDICAL, INC. POLITICAL ACTION	
A Full Name (Leat First Middle Initial) / Full Occasionation Name	Type of Allocated Activity or Event:
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Voter Registration GOTV
	Voter ID Generic Campai
Mailing Address	Allocated Activity or Event Year-To-Date
Walling Address	
City State Zip Code	
July State Lip State	
Purpose of Disbursement	Lucul / Local / Laconson
	Category/ Type Date
550504 04405	
FEDERAL SHARE + LEVIN SHAI	RE = TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV
	Voter ID Generic Campai
	Allocated Astrictus on Frank Very To Date
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
2 Company of District Company	
Purpose of Disbursement	Category/ Date
<u></u>	Туре
FEDERAL SHARE + LEVIN SHA	RE = TOTAL AMOUNT
1	TOTAL AMOUNT
	TOTAL AMOUNT
	TOTAL AWOUNT
	Type of Allocated Activity or Event:
C. Full Name (Last, First, Middle Initial) / Full Organization Name	
	Type of Allocated Activity or Event:
	Type of Allocated Activity or Event:  Voter Registration GOTV
	Type of Allocated Activity or Event:  Voter Registration GOTV
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campai
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campai
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campai  Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campai  Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campai  Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campai  Allocated Activity or Event Year-To-Date  Category/ Type Date
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:  Voter Registration  Voter ID  Generic Campai  Allocated Activity or Event Year-To-Date  Category/ Type  Date
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:  Voter Registration  Voter ID  Generic Campai  Allocated Activity or Event Year-To-Date  Category/ Type  Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHA	Type of Allocated Activity or Event:  Voter Registration  Voter ID  Generic Campai  Allocated Activity or Event Year-To-Date  Category/ Type  Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHA  SUBTOTAL of Shared Federal and Levin Activity This Page	Type of Allocated Activity or Event:  Voter Registration  Voter ID  Generic Campai  Allocated Activity or Event Year-To-Date  Category/ Type  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHALL  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHALL	Type of Allocated Activity or Event:  Voter Registration  Voter ID  Generic Campai  Allocated Activity or Event Year-To-Date  Category/ Type  TOTAL AMOUNT  RE  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHA  SUBTOTAL of Shared Federal and Levin Activity This Page	Type of Allocated Activity or Event:  Voter Registration  Voter ID  Generic Campai  Allocated Activity or Event Year-To-Date  Category/ Type  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHA  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHA	Type of Allocated Activity or Event:  Voter Registration  Voter ID  Generic Campai  Allocated Activity or Event Year-To-Date  Category/ Type  RE  TOTAL AMOUNT  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHA  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHA  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and	Type of Allocated Activity or Event:  Voter Registration  Voter ID  Generic Campai  Allocated Activity or Event Year-To-Date  Category/ Type  Date  TOTAL AMOUNT  Levin share to 30(a)(ii))
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHA  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHA	Type of Allocated Activity or Event:  Voter Registration  Voter ID  Generic Campai  Allocated Activity or Event Year-To-Date  Category/ Type  RE  TOTAL AMOUNT  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHAI  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHAI  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and FEDERAL SHARE	Type of Allocated Activity or Event:  Voter Registration  Voter ID  Generic Campai  Allocated Activity or Event Year-To-Date  Category/ Type  Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHA  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHA  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and	Type of Allocated Activity or Event:  Voter Registration  Voter ID  Generic Campai  Allocated Activity or Event Year-To-Date  Category/ Type  Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHAI  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHAI  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and FEDERAL SHARE	Type of Allocated Activity or Event:  Voter Registration  Voter ID  Generic Campai  Allocated Activity or Event Year-To-Date  Category/ Type  Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT

#### SCHEDULE L (FEC Form 3X)

**AGGREGATION PAGE: LEVIN FUNDS** 

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

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

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

	PAGE	
FOR LINE NUMBER (check only one)	1a	2

		Aggregation Page	(check only one)1a2
An or	y information copied from such Reports and Statements may not be for commercial purposes, other than using the name and address	pe sold or used by any persor of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
$\sum$	NAME OF COMMITTEE (In Full)  NXSTAGE MEDICAL, INC. POLITICAL ACTION		,
<u>—</u> А.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address		
1	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		
	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
В.	Mailing Addrors		MAM ( DAD ) ( TATALAN
	Mailing Address	<u> </u>	Amount of Facility Davids
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		Aggregate rear-to-Date
	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
C.	Mailing Address		Mam ( Lang) ( Landon
			Amount of Each Receipt this Period
	City State	Zip Code	
	Name of Employer or Principal Place of Business		Angregate Vear-to-Date
	Occupation		Aggregate Year-to-Date
—- D.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address		
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		Aggregate Year-to-Date
SI	UBTOTAL of Receipts This Page (optional)		
_	OTAL This Period (last page this line number only)	·	

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

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

FOR LINE NUMB	ER:	PAG	E		)F
(check only one)	$\overline{}$	4a		4c	$\Box_{\epsilon}$
	Ш,	4a	ш	<del>4</del> 0	⊔ு
	<b>□</b> .	4b		4d	

OF LEVIN FUNDS	Aggregation Page	4b 4d
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and	may not be sold or used by any praddress of any political committee	erson for the purpose of soliciting contributions eto solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
NXSTAGE MEDICAL, INC. POLITICAL ACTIO		
Full Name (Last, First, Middle Initial) / Full Organization f	Name	Date of Disbursement
<b>~</b> .		
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization I	Name	Onto at Dishamon and
В.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization C.	Name	Date of Disbursement
		CHAMM / CONTROL / CANADAM
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization	Name	Date of Dishusanant
D		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization	Name	
E.		Date of Disbursement
Mailing Address		MAM / DAD / AAAAAA
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	·	
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)		

## emely Urgent

This envelope is for use with the

NXSTAGE MEDICAL, INC. (978) 687—4700 NXSTAGE MEDICAL, INC. 350 MERRIMACK ST LAWRENCE MA 01843—1748

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Other (Specify):	Date of Red	ceipt or Postmarked
A		7/9/15
PREPARER (2/2015)		DATE PREPARED
(3/2015)		