# 2030831591

FEC FORM 3X

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED.

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Office Use O					
vF-E-U-	AM	IL	UE	И	TE.Ŗ

1.	NAME OF		
	COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type over the lines

12FE4M5

COMMITTEE (in full)	over the lines.
Wixistagie Miedi	cal Increditical Action
committee	
ADDRESS (number and street)	350 Merrimack Street
Check if different than previously	
than previously reported. (ACC)	Lawrence Mal 10.1.8.431-
2. FEC IDENTIFICATION NUM	BER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C	3. IS THIS NEW (N) OR (A)
4. TYPE OF REPORT	(b) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Non-Election
(Choose One)	Due On:   Mar 20 (M3)   Jun 20 (M6)   Sep 20 (M9)   Dec 20 (M12)
(a) Quarterly Reparts:	Year Only)
April 15 Quarterly Report (Q1)	
July 15	(c) 12-Day Primary (12P) General (12G) Runoff (12R) PRE-Election
Quarterly Report (Q2)  October 15	Report for the: Convention (12C) Special (12S)
Quarterly Report (Q3) January 31	in the
Year-End Report (YE)	Election on State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election General (30G) Runoff (30R) Special (30S) Report for the:
Termination Report (TER)	in the
	Election on State of
5. Covering Period	
I certify that I have examined this	Report and to the best of my knewledge and belief it is true, correct and complete.
Type or Print Name of Treasurer	ROBERT S. BROWN
Signature of Treasurer	MIN Date 07 02 2012
	X6 2/2/12
	s. or incomplete information may subject the person signifig this Report to the penalties of 2 U.S.C. §437g.
Office Use	FEC FORM 3X Rev. 12/2004

Write or Type Committee Name

## Medical, Inc. Political Action Committee Period: From: 04'01'2012 To: 06'30'2012

Report Covering the Period:

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,		3.4.43.68
	(b) Cash on Hand at Beginning of Reporting Period	3,4,4,3,68	
	(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)		
<del></del> -	Total Disbursements (from Line 31)		
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3,443,68	3,443,68
9.	Debts and Obligations Owed TO the Committee (flemize 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 multi-	candidate committee. (see FEC FORM 1M)	

#### For further information contact:

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

Toll Free 809-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

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Write or Type Committee Name

Vistage Medical, Inc. Political Action Committee

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HeDOπ	Covering	tne	Perioa:

M

20308

From:

04 67 2012

To:

06 30 2072

	I. Receipts	COLUMN A	COLUMN B
	i. neceipis	Total This Period	Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees	and the second s	And the state of t
	(i) Itemized (use Schedule A)		
	(ii) Unitemized		
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶		
			and the state of t
	(b) Political Party Committees		
	(c) Other Political Committees		and the same of th
	(such as PACs)		
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Сапу		and the same of th
	Totals to Line 33, page 5)▶		
12.	Transfers From Affiliated/Other		and the second was the second with a second was the second
	Party Committees		And the second s
13.	All Loans Received		
			the second of th
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures	the second se	विकास विकास करिए पर विकास करिए वर्ष विकास करिए वर्ष विकास करिए वर्ष वर्ष विकास करिए वर्ष वर्ष विकास करिए वर्ष
	(Refunds, Rebates, etc.)		and the second s
	(Carry Totals to Line 37, page 5)	1	
16.	Refunds of Contributions Made	है। के नहीं का करते का करिये का की राज्य की राज्य की राज्य की राज्य की साम की साम की साम की साम की साम की राज्य	The second secon
	to Federal Candidates and Other		the second secon
	Political Committees		
17.	Other Federal Receipts	Control of the second of the s	
	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Funds	the state of the s	
	(a) Non-Federal Account	San Constitution & miles de marie de la constitution de la constitutio	
	(from Schedule H3)		
		times and security and times to the control of the	
	(b) Levin Funds (from Schedule H5)		
	(b) Lovin Fando (nom conocado vio) illimit		
	(c) Total Transfers (add 18(a) and 18(b))	The state of the s	
	(0) 10121 112101010 (200 10(2) 2110 10(0))		
19.	Total Receipts (add Lines 11(d),		,
	12, 13, 14, 15, 16, 17, and 18(c))	Annual Control of the	And the second s
	,,,,,,,,,,	1	
20	Total Federal Receipts	Market Andrews Safety and Andrews Safety A	
	(subtract Line 18(c) from Line 19)▶	and make make a first section and the section of th	and the state of t
		Brown Carlotte Carlot	The state of the s

#### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

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	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)	Total IIIs Lation	Calendar 19ar-10-Date
	• •		
	(i) Ferteral Share		اليرسيب إليانية ميدي يباري المرابع السيالية المرابع ال
	## N E A 101	and the state of the season of	Commendation of the party of th
	(ii) Non-Federal Share	السيميميميميا	السيسيب يستوسيه سيريب بالمستوا
	(b) Other Federal Operating	1 - Λ Λ Λ Λ Λ	
	Expenditures	السمسمسمسمسا	
	(c) Total Operating Expenditures	I will I will all a sale and the Manuffer of the all	Land and a then a a self-make A and American
	(add 21(a)(i), (a)(ii), and (b)) ▶		
22.	Transfers to Affiliated/Other Party	Annual Programmy State of the Control of the Contro	Land to the state of the state
22	Contributions to	البمبيرييرسيريهيد البمبيريين	السبب مسيمين يبين مسبم السبي السبي السبي السبي السبي السبي السبي المساورة ا
23.	Contributions to Federal Candidates/Committees	And the second s	The state of the s
	and Other Political Committees	السيسيميني السيمين	البببيب يريب يريب ويستميب المستميب المستميب المستميب المستميب المستميب المستميب المستميب المستميد المستم المستميد المستميد المستميد المستم المستميد المستميد المستميد
24.	Independent Expunditures	Land of Manual Control of mail to a the street of the control	The Mark Mark Control of the Control
25	(use Schedule E)		
LJ.	(2 U.S.C. §441a(d))	Land Band Man Alan Anna Drington Buy management and man	The sales to extend a roll of a roll of a
	(use Schedule F)		
		Land to a Marie M. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	
<b>26</b> .	Lean Repayments Made		
		The state of the same of the s	The state of the s
	Loans Made		
<b>40</b> .	Refunds of Contributions To: (a) Individuals/Persons Other	المستركيسيركيسيركيسيركيسيركيسيركيسيركيسيركي	Carlon Branch and Park to and the control of the co
	Than Political Committees	L	
		The state of the s	Landan Agent
	(b) Political Party Committees		
	(c) Other Folitical Committees	[Linear Amerillan A . mallen A .	March Company of the Charles of the Company of the
	(such as PACs)		
		Application of the Control of the Co	Signature for a contract of the contract of th
	(d) Total Contribution Refunds	The same from the second second be supplemented by the second second by the second sec	And the state of t
	(add Lines 28(a), (b), and (c))▶		
		المريبة المريب المريب المريبة	The contract of any of the contract of the con
29.	Other Disbursements		
		Extends a second of the second	TERMS TO SERVICE A CONTROL OF THE CO
30.	Federal Election Activity (2 U.S.C. §431(20))  (a) Allocated Federal Election Activity		
	(from Schedule H6)	Laguella and last of the rith a self of the self of th	Lead south come is the street of the street
	(i) Federal Share		
	(i) i odolai Olidio		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	( , , , , , , , , , , , , , , , , , , ,	( (
		The state of the s	
	(c) Total Federal Electron Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	_	
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
31	Total Disbursements (add Lines 21(c), 22,		
٠١.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	ارمان بارات المستحان المسلك المستحان الماريين الماريين الماريين الماريين الماريين الماريين الماريين	اعد با المساول عادم المساول عادما المساول المس
	20, 27, 20, 20, 21, 20(U), 23 allu 30(U))		Lanaman and
30	Total Federal Disbursements		•
JZ.			
	(subtract Line 21(a)(il) and Line 30(a)(ii)	Land the said the said and the said the	Language of the other of the state of the st
	from Line 31)		التنتست تندشت تناسين

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

rsements

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))		
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))▶		the state of the s
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Nat Operating Expenditures (subtract Line 37 from Line 36)		

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
IT	EMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	13 14 15 16 717
	y information copied from such Reports and State			
or	for commercial purposes, other than using the n	ame and a	ddress of any political committee	to solicit contributions from such committee.
	NAME OF COMMITTEE (IN Full)  NX Stage Medical,	Inc.	Political Ac	tion Committee
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			NOW OUT , YOUV
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer	Occupation	,	
		Aggregate	Year-to-Date ▼	1/
	Primary General Other (specify) ▼	]]	minar man	
<del></del> -	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address		MAN ( DAAAAAA	
	City	State	Zip Code	Amount of East Descit this Design
	FEC ID number of contributing	المسال المسال	-1112-1012171717171717171717	Amount of Each Receipt this Period
	federal political committee.	C	<u> </u>	
		Occupation		
	Receipt For: Primary General	<b>7</b>	Year-to-Date ▼	
	Other (specify) ▼	<i>7</i> 1	A.A.A.	
<del>с</del> .	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
Receipt For:  Aggregate  Aggregate		Occupation		
			Year-to-Date ▼	
	Other (specify)   General	11	<u> </u>	
s	UBTOTAL of Receipts This Page (optional)			
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SCHEDUL	E B	(FEC	Form	3X)
ITEMIZED	DIS	BURSE	MENT	S

SCHEDULE B (FEC FORM 3X)	FOR LINI		NUMBER:	PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23 [	
	Detailed Summary Page	27	28a 28b	28c 29 30
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NAME OF COMMITTEE III EUR			***	
>NXStage Medical	, Inc. Politi	ica ()	action (	committee
Full Name (Last, First, Middle Initial)			Date of Disbursen	nent
			M'VM / D	M. LANGUANCE
Mailing Address		الحدميا ال		
City State Zip Code				
Purpose of Disbursement	Amount of Foot 5	Disbursement this Period		
Candidate Name Category/			/	Jisoursement this Period
Office Sought: House Disburser		Туре		
Senate Disbuiser	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
В.			Date of Disbursen	nent
Mailing Address			(M.A.M.)	, ( <u>* ) (* ) (* )</u>
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Purpose of Disbursement		مراكسية منظا		
				Disbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disburser				
Senate President	Primary General Other (specify) ▼			
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Purpose of Disbursement				
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TOTAL This Period (last page this line number only)		<b>&gt;</b>	L	

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#### **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):