

**FEC  
FORM 3X**

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

RECEIVED

2012 JUL -9 AM 10:21

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

FEC MAIL CENTER

Nxstage Medical Inc Political Action  
Committee

ADDRESS (number and street)

350 Merrimack Street

☒ Check if different  
than previously  
reported. (ACC)

Lawrence

MA

01843-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

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 /

YY

YY

in the  
State of

YY

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

MM / DD /

YY

YY

in the  
State of

YY

5. Covering Period

04 / 01 / 2012

06 / 30 / 2012

through

06 / 30 / 2012

06 / 30 / 2012

06 / 30 / 2012

06 / 30 / 2012

06 / 30 / 2012

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

ROBERT S. BROWN

Signature of Treasurer

*[Signature]*

Date

07 / 02 / 2012

07 / 02 / 2012

07 / 02 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NxStage Medical, Inc. Political Action Committee

Report Covering the Period:

From:

04 ' 01 ' 2012

To:

06 ' 30 ' 2012

**COLUMN A  
This Period**

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

6. (a) Cash on Hand  
January 1,

2012

344368

(b) Cash on Hand at  
Beginning of Reporting Period.....

344368

(c) Total Receipts (from Line 19) .....

-

-

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B) .....

-

-

7. Total Disbursements (from Line 31) .....

-

-

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)) .....

344368

344368

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

-

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

-



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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NxStage Medical, Inc. Political Action Committee

Report Covering the Period:

From:

04' 01' 2012

To:

06' 30' 2012

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized .....

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

(b) Political Party Committees .....

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

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

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

13. All Loans Received .....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

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

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

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

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

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

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

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

12030831593

## 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 .....			
24. Independent Expenditures (use Schedule E) .....			
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 (2 U.S.C. §431(20))			
(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)) ..			
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	▶		





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NxStage Medical, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

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

12030831597

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/3/12
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
**PREPARER**  
(3/2005)

7/9/12  
**DATE PREPARED**

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