# .4031162648

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2014 JAN 27 AM 11: 52

Officeruse PNNI CFNTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

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| [N, X,S,T,A,G,E, ,M,E,D,I,C,A,L, ,I,N,C, ,P,O,L,I,T,I,C,A,L, ,A,C,T,O,N, C,O,M,M,I,T,T,E,E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| ADDRESS (number and street)  [3,5,0, M,E,R,R,I,M,A,C,K, S,T,R,E,E,T,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Check if different than previously reported. (ACC)  L_A_W_R_E_N_C_E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| C 0 0 4 6 3 7 4 5 3 8 THIS NEW (N) OR (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 4. TYPE OF REPORT (Choose One)  (a) Quarterly Report (Q1)  April 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  X January 31 Year-End Report (YE)  July 31 Mid-Year Report (YE)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)  (b) Monthly Rep 20 (M2)  May 20 (M5)  Aug 20 (M8)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M1)  April 15 Quarterly Report (Q1)  April 15 Quarterly Report (Q2)  PRE-Election Report (Non-election Year Only)  PRE-Election Convention (12C)  Special (12S)  (d) 30-Day POST-Election Report for the:  Election on  Elect |
| 5. Covering Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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  Date 01 1 4 2 0 1 4  NOTE: Submission of false, exponeous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Office Use Only FEGAN026  FEGAN026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name NXSTAGE MEDICAL, INC. POLITICAL ACTION 0 1 Report Covering the Period: To: From: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 4 4 3 January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 3 6 68 6(a) and 6(c) for Column B) ..... 7. Total Disbursements (from Line 31)........ Cash on Hand at Close of Reporting Period 4 3 6 8 (subtract Line 7 from Line 6(d))..... 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

Page 3

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| Write | or | Type | Committee | Name |
|-------|----|------|-----------|------|
|-------|----|------|-----------|------|

#### **NXSTAGE MEDICAL, INC. POLITICAL ACTION**

2 0 0 1 0 To: Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)...... (ii) Uniternized ..... (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 Totale 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) ....... ▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| II. Disbursements                                             | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operating Expenditures:                                       | IVIAI IIIIS FOILVA         | Calcilual Teal-IV-Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| (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))▶                             |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. Transfers to Affillated/Other Party                        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Committees                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3 Contributions to                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Federal Candidates/Committees and Other Political Committees  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4. Independent Expenditures                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| · · · · · · · · · · · · · · · · · · ·                         |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (use Schedule E)                                              |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (2 U.S.C. §441a(d))<br>(use Schedule F)                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (use conedule 1)                                              |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6. Loan Repayments Made                                       | harman                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| o. Loan nepayments wade                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7 Loans Made                                                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7. Loans Made                                                 |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (a) Individuals/Persons Other Than Political Committees       |                            | In a family of the same of the |
| man rollical committees                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (b) Political Party Committees                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (c) Other Political Committees                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (such as PACs)                                                |                            | The second second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (500) 00 1 7100)                                              |                            | [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (d) Total Contribution Refunds                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (add Lines 28(a), (b), and (c))▶                              |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (200 2000 20(4); (2); 2012 (0))                               |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9. Other Disbursements                                        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| o. Ono Diodardinona                                           |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 0. Federal Election Activity (2 U.S.C. §431(20))              |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (a) Allocated Federal Election Activity                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (from Schedule H6)                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (i) Federal Share                                             |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| (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))▶                         |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                               |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1. Total Disbursements (add Lines 21(c), 22,                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                      |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 2. Total Federal Disbursements                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                               |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| from Line 31)                                                 |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

#### **DETAILED SUMMARY PAGE**

of Disbursements

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Page 5

| 111 | . Net Contributions/Operating Expenditures | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|--------------------------------------------|-------------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans)     |                               |                                   |
|     | (from Line 11(d), page 3)                  | Lynnan a                      |                                   |
| 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          |                               |                                   |
|     | (fram Line 15, page 3)                     |                               |                                   |
| 38. | Net Operating Expenditures                 |                               |                                   |
|     | (subtract Line 37 from Line 36)            |                               |                                   |

| 64                | NUEDIUS A (EEO Some OV)                                                                                 | r                        |                                                                   | T =      | -                                         |             |                 |                 | 1=:        |                                        |                |          |
|-------------------|---------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------|----------|-------------------------------------------|-------------|-----------------|-----------------|------------|----------------------------------------|----------------|----------|
|                   | CHEDULE A (FEC Form 3X)                                                                                 | Use separate schedule(s) |                                                                   |          | FOR LINE NUMBER: PAGE OF (check only one) |             |                 |                 |            |                                        |                |          |
| ITEMIZED RECEIPTS |                                                                                                         |                          | for each category of the                                          | ĭ'       | 11a 11b 11c 12                            |             |                 |                 |            |                                        |                |          |
|                   |                                                                                                         | Detailed Summary Page    | 1 1                                                               | ٦;ٔ      |                                           | H           | 14              | H <sub>15</sub> |            | 6                                      | 17             |          |
| Ai                | y information copied from such Reports and Staten<br>for commercial purposes, other than using the name | ments ma                 | ly not be sold or used by any peddress of any political committee | ersor    | n for                                     | the         | pur<br>ntrib    | ose o           | f soliciti | ng cont                                | ributi         | ons      |
| K                 | NAME OF COMMITTEE (In Full)                                                                             |                          |                                                                   |          |                                           |             |                 |                 |            |                                        |                |          |
|                   | NXSTAGE MEDICAL, INC. POLITICAL                                                                         | ACTIO                    | N                                                                 |          |                                           |             |                 |                 |            |                                        |                |          |
| A.                | Full Name (Last, First, Middle Initial)                                                                 |                          |                                                                   |          | Da                                        | te o        | f Re            | ceipt           |            |                                        |                | _        |
|                   | Mailing-Address                                                                                         |                          |                                                                   |          | M                                         | -^          | ] ′             | D U             |            | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | A-7            | <b>V</b> |
|                   | City                                                                                                    | State                    | Zip Code                                                          | _        | Am                                        | oun         | t of            | Each            | Receipt    | this Pe                                | riod           |          |
|                   | FEC ID number of contributing federal political committee.                                              |                          |                                                                   |          |                                           |             |                 |                 |            |                                        |                | į.       |
|                   | Name of Employer Oc                                                                                     | ccupation                | <del> </del>                                                      |          |                                           |             |                 |                 |            |                                        |                |          |
|                   | Receipt For:                                                                                            | ggregate                 | Year-to-Date ▼                                                    | $\neg$   |                                           |             |                 |                 |            |                                        |                |          |
|                   | Primary                                                                                                 |                          | 43 <u>~</u> ~ 9 <u>~ ~ 6</u> ~ 6                                  |          |                                           |             |                 |                 |            |                                        |                |          |
| В.                | Full Name (Last, First, Middle Initial)                                                                 |                          |                                                                   |          | Da                                        | te o        | f Re            | ceipt           |            |                                        |                | -        |
|                   | Mailing Address                                                                                         |                          |                                                                   |          | M                                         | · Wi · ·    | ]′              | 0               | 6-1/       | 7 3 7 8                                |                | V-V      |
|                   | City                                                                                                    | State                    | Zip Code                                                          | _}       | Am                                        | oun         | ==<br><br>it of | Each            | Receipt    | this Pe                                | riod           |          |
|                   | FEC ID number of contributing federal political committee.                                              |                          |                                                                   |          |                                           |             |                 |                 | [())       |                                        |                | Ę        |
|                   | Name of Employer Oc                                                                                     | ccupation                |                                                                   |          |                                           |             |                 |                 |            |                                        |                |          |
|                   | Receipt For:  Primary General  Other (specify) ▼                                                        |                          | Year-to-Date                                                      |          |                                           |             |                 |                 |            |                                        |                |          |
| <u> </u>          | Full Name (Last, First, Middle Initial)                                                                 |                          |                                                                   |          | Da                                        | te o        | f Re            | ceipt           |            |                                        |                | · .      |
|                   | Mailing Address                                                                                         |                          |                                                                   | 1        |                                           | -8-W        |                 | 6               | Б /        | <del>7 1 7 1</del>                     | <u> </u>       | <b>V</b> |
|                   | City                                                                                                    | State                    | Zip Code                                                          | ]`       | Ап                                        | eun         | t of            | Each            | Receipt    | this Pe                                |                |          |
|                   | FEC ID number of contributing federal political committee.                                              | C                        |                                                                   |          |                                           | <del></del> | 1               | •               |            |                                        | _              | - ,      |
|                   | Name of Employer Oc                                                                                     | ccupation                |                                                                   | 7        |                                           |             |                 |                 |            |                                        |                |          |
|                   | Receipt For:                                                                                            | ggregate                 | Year-to-Date ▼                                                    | $\dashv$ |                                           |             |                 |                 |            |                                        |                |          |
|                   | Primary General Other (specify)                                                                         | Ann I -                  |                                                                   |          |                                           |             |                 |                 |            |                                        |                |          |
| [                 | UBTOTAL of Receipts This Page (optional)                                                                |                          |                                                                   | <u></u>  |                                           | •           | •               | 418             | الساد      |                                        | - 603<br>- 103 |          |

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

| SCHEDULE B    | (FEC Form 3X) |
|---------------|---------------|
| ITEMIZED DISE | BURSEMENTS    |

| SCHEDOLE B (FEC FOIII 3X)                             | Use separate schedule(s)             | FOR LINE NUMBER: PAGE |                      |                                        |  |
|-------------------------------------------------------|--------------------------------------|-----------------------|----------------------|----------------------------------------|--|
| TEMIZED DISBURSEMENTS                                 | for each category of the             | (check only           |                      | 24 🗀 25 🗀 26                           |  |
|                                                       | Detailed Summary Page                | 27                    |                      | 28c 29 30l                             |  |
| Any information copied from such Reports and Statem   | sente may not be seld or used        |                       |                      |                                        |  |
| or for commercial purposes, other than using the name | ie and address of any political      | committee to          | , solicit contributi | ions from such committee.              |  |
| NAME OF COMMITTEE (In Full)                           |                                      |                       |                      |                                        |  |
| NXSTAGE MEDICAL, INC. POLITICA                        | L ACTION                             |                       |                      |                                        |  |
| /                                                     |                                      |                       |                      |                                        |  |
| Full Name (Last, First, Middle Initial)               |                                      |                       | Date of Disb         | urcomont                               |  |
| <b>A</b> .                                            |                                      |                       |                      |                                        |  |
| Mailing Address                                       | <del> </del>                         |                       | [M_2M] \ [           | V LONG                                 |  |
|                                                       |                                      |                       | السيا ال             |                                        |  |
| City                                                  | State Zip Code                       |                       | ·                    |                                        |  |
| Purpose of Disbursement                               |                                      |                       |                      |                                        |  |
| . S.Fass S. Bissalsoniol.                             |                                      | -77-                  | Amount of Ea         | ach Disbursement this Period           |  |
| Candidate Name                                        |                                      | Category/             |                      |                                        |  |
|                                                       |                                      | Type                  |                      |                                        |  |
| Office Sought: House Disbursen                        |                                      |                       |                      |                                        |  |
|                                                       | Primary General                      |                       |                      |                                        |  |
| President State: District:                            | Other (specify) ▼                    |                       |                      |                                        |  |
| Full Name (Last, First, Middle Initial)               |                                      |                       |                      |                                        |  |
| B.                                                    |                                      |                       | Date of Disb         | ursement                               |  |
|                                                       |                                      |                       |                      |                                        |  |
| Mailing Address                                       |                                      |                       |                      |                                        |  |
|                                                       |                                      |                       |                      |                                        |  |
| City                                                  | State Zip Code                       |                       |                      |                                        |  |
| Purpose of Disbursement                               |                                      |                       |                      |                                        |  |
| •                                                     |                                      |                       | Amount of Ea         | ach Disbursement this Period           |  |
| Candidate Name                                        |                                      | Category/             | المرشم               | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |  |
|                                                       |                                      | Туре                  |                      | <u></u>                                |  |
| Office Sought: House Disbursen                        |                                      |                       |                      |                                        |  |
| h  1                                                  | Primary ☐ General  Other (specify) ▼ |                       |                      |                                        |  |
| State: District:                                      | Caron (opoony)                       | 1                     |                      |                                        |  |
| Full Name (Last, First, Middle Initial)               |                                      |                       | $\overline{}$        |                                        |  |
| C.                                                    |                                      |                       | Date of Disb         | ursement                               |  |
|                                                       |                                      |                       | Luna I               | DOD \ LANANAL                          |  |
| Mailing Address                                       |                                      |                       |                      |                                        |  |
| City                                                  | State Zip Code                       |                       |                      |                                        |  |
| Purpose of Dishursomers                               | <del></del>                          |                       |                      |                                        |  |
| Purpose of Disbursement                               | [                                    | ~~~~                  | A                    | and District Annual Control            |  |
| Candidate Name                                        |                                      |                       | Amount of Ea         | ach Disbursement this Period           |  |
| •                                                     |                                      | Category/<br>Type     |                      | , u u u u                              |  |
| Office Sought: House Disbursen                        | nent For:                            | ,r-                   | <u> </u>             | \                                      |  |
|                                                       | Primary General                      |                       |                      |                                        |  |
| \ \                                                   | Other (specify) ▼                    |                       |                      |                                        |  |
| State: District:                                      |                                      |                       |                      |                                        |  |
| CHOTOTAL of Dishussaments This Dans (authors)         |                                      |                       |                      | ************************************** |  |
| SUBTOTAL of Disbursements This Page (optional)        |                                      | ·····                 | وستسيا               |                                        |  |
| TOTAL This Period (last page this line number only)   |                                      |                       |                      |                                        |  |
| · Amerikana and managi anili                          |                                      |                       |                      |                                        |  |

| 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)                   |                             | ,                                                                       | <del></del>                            |
| NXSTAGE MEDICAL, INC. POLITICAL               | ACTION                      |                                                                         |                                        |
| LOAN SOURCE Full Name (Last, First, M         | iddle Initial)              |                                                                         | ection:                                |
|                                               |                             |                                                                         | Primary General                        |
| Mailing Address                               |                             |                                                                         | Other (specify)                        |
| Walling Address                               |                             | ال                                                                      |                                        |
| City ·                                        | State ZIP Co                | de                                                                      |                                        |
| Original Amount of Loan                       | Cumulative Payment To       | Date Balanc                                                             | e Outstanding at Close of This Period  |
|                                               |                             | ,                                                                       |                                        |
| TERMS Date Incurred                           | Date Due                    | Interest Rate                                                           | Secured:                               |
| Nama (Landa) (Landa)                          | Many ( Lang )               |                                                                         | % (apr) Yes No                         |
| List All Endorsers or Guarantors (x any)      | to Loan Source              |                                                                         |                                        |
| Full Name (Last, First, Middle Initial)       | to Edul Coulde              | Name of Employer                                                        |                                        |
| Mailing Address                               |                             | Occupation                                                              |                                        |
| City State                                    | ZIP Code                    | Guaranteed                                                              | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 2. Full Name (Last, First, Middle Initial)    |                             | Name of Employer                                                        |                                        |
| Mailing Address                               |                             | Occupation                                                              |                                        |
|                                               |                             | Amount                                                                  |                                        |
| City State                                    | ZIP Code                    | Guaranteed Qutstanding:                                                 |                                        |
| 3. Full Name (Last, First, Middle Initial)    | <del></del>                 | Name of Employer                                                        |                                        |
| Mailing Address                               |                             | Occupation                                                              |                                        |
|                                               |                             | Amount                                                                  |                                        |
| City State                                    | ZIP Code                    | Guaranteed Outstanding:                                                 | <u></u>                                |
| 4. Full Name (Last, First, Middle Initial)    |                             | Name of Employer                                                        |                                        |
| Mailing Address                               |                             | Occupation                                                              |                                        |
|                                               |                             | Amount                                                                  |                                        |
| City State                                    | ZIP Code                    | Guaranteed Outstanding:                                                 |                                        |
|                                               |                             |                                                                         |                                        |
| SUBTOTALS This Period This Page (optional)    | )                           | <b>&gt;</b>                                                             |                                        |
| TOTALS This Period (last page in this line on | ly)                         | ·····                                                                   | <u></u>                                |
| Carry outstanding balance only to LINE 3, So  | hedule D, for this line. If | no Schedule D. carry forwar                                             | rd to appropriate line of Summarv.     |

| SCHEDULE C-1 (FEC Form 3X)                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supplementary for                                                     |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| •                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supplementary for Information found on                                |
| LOANS AND LINES OF CREDIT FROM LE                                                                                    | ENDING INSTITUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Page of Schedule C                                                    |
| Federal Election Commission, Washington, D.C. 20463                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
| NAME OF COMMITTEE (In Full)                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FEC IDENTIFICATION NUMBER                                             |
| NXSTAGE MEDICAL, INC. POLITICAL ACTION                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C                                                                     |
| LENDING INSTITUTION (LENDER)                                                                                         | Amount of Loan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Interest Rate (APR)                                                   |
| Full Name                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u></u> %                                                             |
| Mailing Address                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [MAN] / [OAO] / [AAAAAA]                                              |
|                                                                                                                      | Date Incurred or Established                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |
| City State Zip Code                                                                                                  | Date Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |
|                                                                                                                      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | السميمار) المميمار                                                    |
| A. Has loan been restructured? No Yes                                                                                | If yes, date originally incurre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
| B. If line of credit,                                                                                                | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |
| Amount of this Draw:                                                                                                 | Ralance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |
| C. Are other parties secondarily liable for the debt incurr                                                          | red?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |
| No Yes (Endorsers and guarantors m                                                                                   | ust 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 stocks, accounts receivable, cash on deposit, or other      | f deposit, chattel papers,<br>r similar traditional collateral?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
| No Yes If yes, specify:                                                                                              | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Does the lender have a perfected security                             |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | interest in it? No Yes                                                |
| E. Are any future contributions or future receipts of inter                                                          | ., -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | What is the estimated value?                                          |
| collateral for the loan? No Yes If yes                                                                               | specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |
|                                                                                                                      | <del>\</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |
| A depository account must be established pursuant                                                                    | Location of account:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |
| to 11 CFR 100.82(e)(2) and 100.142(e)(2).                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
| Date account established:                                                                                            | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |
| [M.M] \ [Q.CQ] \ [A.CA.CA.CA]                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
|                                                                                                                      | City, State Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |
| F. If neither of the types of collateral described above wa<br>the loan amount, state the basis upon which this loan | as pledged for this loan, or if the name was made and the basis on when the basis on whether the same was made and the basis on whether the basis on which was made and the basis on which was a same was a same with the basis of | amount pledged does not equal or exceed<br>nich it assures repayment. |
| G. COMMITTEE TREASURER                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE                                                                  |
| Typed Name                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
| Signature                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
| 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 te                  | erms of the loan and other inform                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | mation reparding the extension of the loan                            |
| are accurate as stated above.                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |
| II. The loan was made on terms and conditions (in<br>similar extensions of credit to other borrowers o               | icluding interest rate) no more fa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | avorable at the time than those imposed for                           |
| III. This institution is aware of the requirement that                                                               | a loan must be made on a basi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | s which assures repayment, and has                                    |
| complied with the requirements set forth at 11 C                                                                     | CFR 100.82 and 100.142 in mak                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ing this loan.                                                        |
| AUTHORIZED REPRESENTATIVE                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE                                                                  |

Title

Signature

| SCHEDULE D (FEC FORM 3X)                                                             | (Use separate                                 |
|--------------------------------------------------------------------------------------|-----------------------------------------------|
| DEBTS AND OBLIGATIONS                                                                | schedule(s) FOR LINE NUMBER:                  |
| Excluding Loans                                                                      | for each (check only one) 9 numbered line) 10 |
| NAME OF COMMITTEE (In Full)                                                          | ,   10                                        |
| MENICIAL INY                                                                         | THAT HAM POR                                  |
|                                                                                      | HUILAX                                        |
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor                     | Nature of Debt (Purpose):                     |
|                                                                                      | İ                                             |
| Mailing Address                                                                      |                                               |
| City State Zip Code                                                                  |                                               |
| Only State 210 State                                                                 |                                               |
| Outstanding Balance Beginning This Period                                            | <del></del>                                   |
| Custanding balance beginning this tend                                               |                                               |
|                                                                                      |                                               |
| Amount Incurred This Period Payment This Period                                      | Outstanding Balance at Close of This Period   |
|                                                                                      |                                               |
|                                                                                      |                                               |
| B. Full Name (Last, First, Middle Initial) of Debto or Creditor                      | Nature of Debt (Purpose):                     |
|                                                                                      |                                               |
| Mailing Address                                                                      |                                               |
| City State Zip Code                                                                  |                                               |
| City State Zip Code                                                                  |                                               |
| Outstanding Balance Beginning This Period                                            | <del></del>                                   |
| Catotalian Salarios Sogiiming Tilo I Silod                                           |                                               |
|                                                                                      |                                               |
| 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)                                        |                                               |
| 1) SOUTOTALS THIS FORCE THIS Page (uputital)                                         |                                               |
| 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 on | (b) >                                         |
|                                                                                      |                                               |

| SCHEDULE E (FEC Form 3X)                                                                                                                                                                                                                                     |                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| ITEMIZED INDEPENDENT EXPENDITURES                                                                                                                                                                                                                            | PAGE OF<br>FOR LINE 24 OF FORM 3X                                                                                                 |
| NAME OF COMMITTEE (In Full)                                                                                                                                                                                                                                  | FEC IDENTIFICATION NUMBER ▼                                                                                                       |
| NXTREP MENCAL INCRUMINA                                                                                                                                                                                                                                      | 000463745                                                                                                                         |
| Check if 24-hour report 48-hour report New report Amends report file                                                                                                                                                                                         | d 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                                                                                                                                                                                                                       | M V M / O V D / V W V V W V V W V V W V V W V V W V V W V V W V V W V V W V V V W V V V W V V V V V V V V V V V V V V V V V V V V |
| Name of Federal Candidate Support Office                                                                                                                                                                                                                     | ce Sought: House District:                                                                                                        |
| Oppose                                                                                                                                                                                                                                                       | President Senate State:                                                                                                           |
| Calendar Year-To-Date Per Election for Office Sought  Dist                                                                                                                                                                                                   | bursement For: Primary General                                                                                                    |
| Full Name of Payee                                                                                                                                                                                                                                           | Date of Public Distribution/Dissemination                                                                                         |
| \ \                                                                                                                                                                                                                                                          | Pare of Large Distribution   Land And And And And And And And And And A                                                           |
| Mailing Address                                                                                                                                                                                                                                              |                                                                                                                                   |
|                                                                                                                                                                                                                                                              | Amount                                                                                                                            |
| City State Zip Code                                                                                                                                                                                                                                          |                                                                                                                                   |
|                                                                                                                                                                                                                                                              | Date of Disbursement or Obligation                                                                                                |
| Purpose of Expenditure  Category/ Type                                                                                                                                                                                                                       | Mum, Lond, Andraga                                                                                                                |
| Name of Federal Candidate Support Office                                                                                                                                                                                                                     | ice Sought: House District:                                                                                                       |
| Cppose [                                                                                                                                                                                                                                                     | President Senate State:                                                                                                           |
| Calendar Year-To-Date Per Election for Office Sought                                                                                                                                                                                                         | bursement For:                                                                                                                    |
|                                                                                                                                                                                                                                                              |                                                                                                                                   |
| (a) SUBTOTAL of Itemized Independent Expenditures                                                                                                                                                                                                            |                                                                                                                                   |
|                                                                                                                                                                                                                                                              |                                                                                                                                   |
| (b) SUBTOTAL of Uniternized Independent Expenditures                                                                                                                                                                                                         |                                                                                                                                   |
| (c) TOTAL Independent Expenditures                                                                                                                                                                                                                           | 52 2 23 23                                                                                                                        |
| Under penalty of perjury t certify that the independent expenditures reported herein were not newth, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent. |                                                                                                                                   |
| Signature                                                                                                                                                                                                                                                    | , <u>6,79</u> , <u>6,74</u> , <u>7,74</u>                                                                                         |

#### 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

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

| PAG | Ε |     |    | O  | =    |    |
|-----|---|-----|----|----|------|----|
| FOR | ī | INE | 25 | OF | FORM | зх |

| 2 U.S.C. 9441a(d)) (To be used only                         | by Political Committees in the Gen             | eral Election) FOF   | R LINE 25 OF FORM 3X                   |
|-------------------------------------------------------------|------------------------------------------------|----------------------|----------------------------------------|
| NAME OF COMMITTEE (In Full)                                 | MAI PARICE                                     | TOP 1                | 11,721 BA                              |
| Has your committee been designated to make                  | Full Name of Subordinate Committee             |                      |                                        |
| coordinated expenditures by a political party committee?    |                                                |                      |                                        |
| YES NO                                                      |                                                |                      |                                        |
| If YES, name the designating committee:                     | Mailing Address                                |                      |                                        |
|                                                             | Ch                                             | - Ctata              | ZIP Code                               |
|                                                             | City                                           | State                | ZIP Code                               |
| Full Name (Last, First, Middle Initial) of Each Payee       | <del></del>                                    | Purpose of Expenditu | re F                                   |
| 3,00                                                        |                                                |                      | Category/                              |
| Mailing Address                                             |                                                | Date                 | Туре                                   |
| City State                                                  |                                                | MAM ( DAB            | , Ardraga                              |
| Name of Federal Candidate Supported Office Sough            | <u> </u>                                       | Amount               |                                        |
|                                                             | Senate District:                               |                      |                                        |
|                                                             | Tresidential .                                 | <u> </u>             | <u></u>                                |
| Aggregate General Election Expenditure for this Candidate ▶ | harry                                          |                      |                                        |
| Full Name (Last, First, Middle Initial) of Each Payee       |                                                | Purpose of Expenditu | re                                     |
|                                                             |                                                |                      | Category/                              |
| Mailing Address                                             |                                                |                      | Туре                                   |
| City State                                                  | Zip Code                                       | Date                 | 1, [4,4,4,4,4,4]                       |
| Name of Federal Candidate Supported Office Sough            | Senate District:                               | Amount               |                                        |
| Aggregate General Election Expenditure for this Candidate ▶ | Presidential                                   |                      |                                        |
| Full Name (Last, First, Middle Initial) of Each Payee       |                                                | Purpose of Expenditu | Category/                              |
| Mailing Address                                             |                                                | Date                 | Туре                                   |
| City State                                                  | Zip Code                                       | ara lese             | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| Name of Federal Candidate Supported Office Sough            | ht: House State: Senate District: Presidential | Amount               |                                        |
| Aggregate General Election Expenditure for this Candidate ▶ |                                                |                      |                                        |
| SUBTOTAL of Expenditures This Page (optional)               | <u> </u>                                       |                      |                                        |
| 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 Nontronnected Committees Only)

| NAME OF COMMITTEE (In Full)                                                                  |  |  |  |
|----------------------------------------------------------------------------------------------|--|--|--|
| USE ONLY ONE SECTION, A OF 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 |  |  |  |
| 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)                                                                                                                                                                                                                                                                                                                  |                                                          | [n.o.                |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------|--|--|
| ALLOCATION RATIOS                                                                                                                                                                                                                                                                                                                          |                                                          | PAGE OF              |  |  |
| NAME OF COMMITTEE (In Full)  XSTYDER MEDICIAL INC. POUTCAL ACTION                                                                                                                                                                                                                                                                          |                                                          |                      |  |  |
| RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATACTIVITIES APPEARING ON THIS REPORT.                                                                                                                                                                                                                                            | TE SUPPORT                                               |                      |  |  |
| Methods of allocation:                                                                                                                                                                                                                                                                                                                     |                                                          |                      |  |  |
| <ol> <li>FUNDRAISING activities are allocated using the "funds received mether<br/>expenses must equal the federal proportion of monies raised.</li> </ol>                                                                                                                                                                                 | ·                                                        |                      |  |  |
| II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acco<br>where the tederal proportion of disbursements is based on the benefit<br>tivity. For PACs Only: Direct candidate support includes public comm<br>federal and nonfederal candidates, regardless of whether there is a real<br>are allocated using a time/space method. | t derived by federal cand<br>junications or voter drives | lidates from the ac- |  |  |
| ACTIVITY OR EVENT IDENTIFIER                                                                                                                                                                                                                                                                                                               | FEDERAL %                                                | NONFEDERAL %         |  |  |
| ACTIVITY IS:  Fundraising  CHECK IF THE RATIO IS:  New  Revised  Same as Previously Reported                                                                                                                                                                                                                                               | <u> </u>                                                 | %                    |  |  |
| 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                                                                                                                                                                                                                                                                                                               |                                                          |                      |  |  |
| ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported                                                                                                                                                                                                                        | FEDERAL %                                                | NONFEDERAL %         |  |  |
| 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                                                                                                                                                                                                                        | [                                                        | %                    |  |  |
|                                                                                                                                                                                                                                                                                                                                            |                                                          |                      |  |  |
| ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:                                                                                                                                                                                                                                   | FEDERAL %                                                | NONFEDERAL %         |  |  |
| New Revised Same as Previously Reported                                                                                                                                                                                                                                                                                                    | 1                                                        |                      |  |  |

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

| HANSTERS FROM NUNTEDERAL ACCOUNTS FOR                             | PAGE OF                                |
|-------------------------------------------------------------------|----------------------------------------|
| LLOCATED FEDERAL / NONFEDERAL ACTIVITY                            | FOR LINE 18a OF FORM 3X                |
| IAME OF COMMITTEE (In Full)                                       | 01                                     |
| MEDONI IKO ASTUC                                                  | THI POUT W                             |
| NAME OF ACCOUNT DATE OF RECEIPT                                   | TOTAL AMOUNT TRANSFERRED               |
|                                                                   | ~                                      |
| DESCRIPTION OF TRANSFER PROFILES                                  |                                        |
| BREAKDOWN OF TRANSFER RECEIVED                                    |                                        |
| i) Total Administrative                                           | <u></u>                                |
| II) Generic Voter Drive                                           |                                        |
|                                                                   | · · · · · · · · · · · · · · · · · · ·  |
| iii) Exempt Activities                                            |                                        |
| iv) Direct Fundraising (List Activity or Event Identifier)        |                                        |
|                                                                   |                                        |
|                                                                   |                                        |
| b)                                                                |                                        |
|                                                                   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| c) Total Amount Transferred For Direct Fundraising                |                                        |
| v) Direct Candidate Support (List Activity or Event Identifier)   |                                        |
|                                                                   |                                        |
| a)                                                                |                                        |
| b)                                                                |                                        |
|                                                                   | V-V-V-V-V-V-V-V-V-V                    |
| 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)                                |                                        |
| - Landon                                                          |                                        |
| TOTAL This Period (Generic Voter Drive)                           |                                        |
| TOTAL This Period (Exempt Activities)                             |                                        |
|                                                                   |                                        |
| TOTAL This Period (Direct Fundraising)                            |                                        |
| TOTAL This Period (Direct Condidate Current)                      |                                        |
| 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

| FE                        | EDERAL/NONFEDERAL ACTIVITY                                                                     |                  | FOR LINE 21a OF FORM 3X                                                 |
|---------------------------|------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------|
|                           | ME OF COMMITTEE (In Full)                                                                      |                  | FOR LINE 21a OF FORM 3X                                                 |
| $\widetilde{\mathcal{L}}$ | X2146 VE MED CHAIL IND. A                                                                      | 100              | toxi rexi                                                               |
| A.                        | Full Name (Last, First, Middle Initial)                                                        | 1                | 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:                                                                  | ategory/<br>Type | Date MVM / FOUR / YVYVYY                                                |
|                           | FEDERAL SHARE + NONFEDERAL SHAI                                                                |                  | = TOTAL AMOUNT                                                          |
|                           |                                                                                                | ~~~~             |                                                                         |
| _                         |                                                                                                |                  | Allocated Activity or Event:                                            |
| B.                        | Full Name (Last, First, Middle Initial)                                                        |                  |                                                                         |
|                           | Mailing Address                                                                                |                  | Administrative Fundraising Exempt  Voter Drive Direct Candidate Support |
|                           | City State Zip Code                                                                            |                  | Public Comm (ref to party only) by PAC                                  |
|                           |                                                                                                |                  | Allocated Activity or Event Year-To-Date                                |
|                           | Purpose of Disbursement:                                                                       |                  |                                                                         |
|                           | Activity or Event Identifier:                                                                  |                  |                                                                         |
|                           | · C                                                                                            | ategory/<br>Type | Date                                                                    |
|                           | FEDERAL SHARE + NONFEDERAL SHAR                                                                | RE               | = TOTAL AMOUNT                                                          |
|                           |                                                                                                |                  |                                                                         |
| c.                        | Full Name (Last, First, Middle Initial)                                                        |                  | Allocated Activity or Event:                                            |
|                           | Mailing Address                                                                                |                  | Administrative Fundraising Exempt  Voter Drive Direct Candidate Support |
|                           | City State Zip Code                                                                            | $\leftarrow$     | Public Comm (ref to party only) by PAC                                  |
|                           |                                                                                                |                  | Allocated Activity or Event Year-To-Date                                |
|                           | Purpose of Disbursement:                                                                       |                  |                                                                         |
|                           | Activity or Event Identifier:                                                                  | <u>~~~</u> \     |                                                                         |
|                           |                                                                                                | ategory/<br>Type | Date MINM , BAR , LANDARY                                               |
|                           | FEDERAL SHARE + NONFEDERAL SHAR                                                                | RE               | =\ TOTAL AMOUNT                                                         |
|                           |                                                                                                |                  |                                                                         |
|                           |                                                                                                |                  |                                                                         |
| SI                        | JBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL SHAF | RE               | = TOTAL AMOUNT                                                          |
|                           |                                                                                                | J                |                                                                         |
| TC                        | TAL This Period (last page for each line only)(Federal share to 21(a)(i) and Nonl              | Federal shar     | re to 21(a)(ii))                                                        |
| -                         | FEDERAL SHARE NONFEDERAL SHAF                                                                  | RE '             | TOTAL AMOUNT                                                            |
|                           |                                                                                                |                  |                                                                         |
|                           |                                                                                                |                  |                                                                         |

PAGE

OF

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

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

| be used by State, District and Local Party Committees Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PAGE OF FORM 3) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| AME OF COMMITTEE (In Full)  ASTRUK MEDCHA IN POUNCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ARTIO           |
| NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INT TRANSFERRED |
| BREAKDOWN OF THIS TRANSFER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |
| i) Voter Registration  Total Amount Transferred for Voter Registration  VOTER REGISTRATION  VOTER REGISTRATION  VOTER ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |
| Total Amount Transferred for Voter ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n               |
| III) GOTV  Total Amount Transferred for GOTV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |
| Iv) Generic Campaign Activity  Total Amount Transferred for Generic Campaign Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AIGN ACTIVITY   |
| NAME OF ACCOUNT  DATE OF RECEIPT  TOTAL AMOUNT  TOTAL AMOU | INT TRANSFERRED |
| BREAKDOWN OF THIS TRANSFER  VOTER REGISTRATION  Total Amount Transferred for Voter Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| VOTER ID  Total Amount Transferred for Voter ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| GOTV Total Amount Transferred for GOTV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7-1-1-1         |
| iv) Generic Campaign Activity  Total Amount Transferred for Generic Campaign Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AIGN 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)

| PAG | E    |     | OF |      |    |
|-----|------|-----|----|------|----|
| FOR | LINE | 30a | OF | FORM | зх |

| NAME OF COMMITTEE (In Full)                                                                                 |                                                   |  |  |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name                                         | Type of Allocated Activity or Event:              |  |  |
| A. I dii Maine (Last, I list, Miedie Illilai) / Full Olganization Maine                                     | Voter Registration GOTV                           |  |  |
|                                                                                                             | Voter ID Generic Campaign                         |  |  |
| Mailing Address                                                                                             | Allocated Activity or Event Year-To-Date          |  |  |
| City State Zip Code                                                                                         |                                                   |  |  |
| Purpose of Disbursement  Category/ Type                                                                     | Date Date                                         |  |  |
| FEDERAL SHARE + LEVIN SHARE                                                                                 | = TOTAL AMOUNT                                    |  |  |
|                                                                                                             |                                                   |  |  |
| B. Full Name (Last, First, Middle Initial) / Full Organization Name                                         | Type of Allocated Activity or Event:              |  |  |
| S. I S. I TANING (LAGG, 1 IIIG, WINGAIG HINGAI) / I GII O'I GAINBAIGH I TAILING                             | Voter Registration GOTV                           |  |  |
|                                                                                                             | ·Voter ID Generic Campaign                        |  |  |
| Mailing Address                                                                                             | Allocated Activity or Event Year-To-Date          |  |  |
| City State Zip Code                                                                                         |                                                   |  |  |
| Rurease of Dishursement                                                                                     | المحمد المعال المعدما المعدما                     |  |  |
| Purpose of Disbursement  Category/ Type                                                                     | Date                                              |  |  |
| FEDERAL SHARE + LEVIN SHARE                                                                                 | = TOTAL AMOUNT                                    |  |  |
|                                                                                                             |                                                   |  |  |
| C. Full Name (Last, First, Middle Initial) / Full Organization Name                                         | Type of Allocated Activity or Event:              |  |  |
|                                                                                                             | Voter Registration GOTV Voter ID Generic Campaign |  |  |
| Mailing Address                                                                                             | Allocated Activity or Event Year-To-Date          |  |  |
| City State Zip Code                                                                                         |                                                   |  |  |
| Purpose of Disbursement  Category/ Type                                                                     | Date                                              |  |  |
| FEDERAL SHARE + LEVIN SHARE                                                                                 | = TOTAL AMOUNT                                    |  |  |
|                                                                                                             |                                                   |  |  |
| SUBTOTAL of Shared Federal and Levin Astivity This Page                                                     |                                                   |  |  |
| SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE                         | = TOTAL AMOUNT                                    |  |  |
|                                                                                                             |                                                   |  |  |
| TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE | 30(a)(ii)) TOTAL AMOUNT                           |  |  |
| LEVIN SHARE                                                                                                 |                                                   |  |  |
| TOTAL This Period for the Levin Share                                                                       |                                                   |  |  |

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

**AGGREGATION PAGE: LEVIN FUNDS** 

| MAN             | E OF COMMITTEE (In Full)                                         | 104 MI / 147                                   | ADIL | PATION                                |
|-----------------|------------------------------------------------------------------|------------------------------------------------|------|---------------------------------------|
| NAME OF ACCOUNT |                                                                  |                                                |      |                                       |
|                 |                                                                  | COLUMN A COLUMN I TOTAL THIS PERIOD YEAR-TO-DA |      |                                       |
| 1.              | RECEIPTS FROM PERSONS  (a) Itemized(Use Schedule L-A)            |                                                |      |                                       |
|                 | (b)(V)nitemized                                                  |                                                |      | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
| 2.              | (c) Total OTHER RECEIRTS                                         |                                                |      |                                       |
| 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                                             |                                                |      |                                       |
| 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)                                      |                                                | fra  |                                       |
| 10.             | DISBURSEMENTS                                                    |                                                |      |                                       |
| 11.             | ENDING CASH ON HAND(Subtract Line 10 From Line 9)                |                                                |      | form                                  |
|                 |                                                                  |                                                |      |                                       |

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

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

|                                     | 17100 | _ <del></del> _ |
|-------------------------------------|-------|-----------------|
| FOR LINE NUMBER<br>(check only one) | 3:1a  | 2               |

DAGE

ΩE

**ITEMIZED RECEIPTS OF LEVIN FUNDS** 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) Date of Receipt M-7-M-/ [\_0\_\_\_0\_\_] Mailing Address Amount of Each Receipt this Period City State Zip Code 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 B. **Mailing Address** Amount of Each Receipt this Period City State Zip Code 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 C. Mailing Address Amount of Each Receipt this Period City Zip Code State 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 D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional).....

TOTAL 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 NUMBER: PA | AGE OF |
|---------------------|--------|
| (check only one) 48 | 4c 5   |

| OF LEVIN FUNDS                                                                                                                 | Aggregation Page                                                      | 4# 4c 5                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Any information copied from such Reports and Statements may no for commercial purposes, other than using the name and address. | not be sold or used by any perso<br>ess of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (IN Full)                                                                                                    | IN POL                                                                | / ITRISA (CHOP)                                                                          |
| Full Name (Last, First, Middle Initial) / Full Organization Name A.                                                            |                                                                       | Date of Disbursement                                                                     |
| Mailing Address                                                                                                                |                                                                       | MAM , BAB , LAAAAA                                                                       |
| City State  Purpose of Disbursement                                                                                            | Zip Code                                                              | Amount of Each Disbursement this Period                                                  |
| Full Name (Last, First, Middle Initial) / Full Organization Name  B.                                                           |                                                                       | 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 C.                                                            |                                                                       | 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  D.                                                           | ,                                                                     | Date of Disbursement                                                                     |
| Mailing Address                                                                                                                |                                                                       |                                                                                          |
| City State                                                                                                                     | Zip Code                                                              | Amount of Each Disbursement this Period                                                  |
| Purpose of Disbursement                                                                                                        |                                                                       | Lannana                                                                                  |
| Full Name (Last, First, Middle Initial) / Full Organization Name  E.                                                           |                                                                       | Date of Disbursement                                                                     |
| Malling Address                                                                                                                |                                                                       |                                                                                          |
| City State  Purpose of Disbursement                                                                                            | Zip Code                                                              | Amount of Each Disbursement this Period                                                  |
|                                                                                                                                |                                                                       |                                                                                          |
| SUBTOTAL of Disbursements This Page (optional)                                                                                 | <b>&gt;</b>                                                           |                                                                                          |
| TOTAL This Period (last page this line number only)                                                                            | <b>&gt;</b>                                                           |                                                                                          |

A Member of SVB Financial Group

THIS STATEMENT DATE 12-31-13

#### ENCLOSURE DEBITS

NXSTAGE MEDICAL INC POLITICAL ACTION COMMITTEE 350 MERRIMACK STREET LAWRENCE MA 01843

| 3300676250 ANALY                                                                              | YSIS CHECKING                                         |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------|
| PREVIOUS BALANCE<br>+DEPOSITS/CREDITS<br>-CHECKS/DEBITS<br>-SERVICE CHARGE<br>CURRENT BALANCE | 10-31-13<br>3,443.68<br>.00<br>.00<br>.00<br>3,443.68 |
| * DAILY DATE BALANCE DATE 10-31 3443.68                                                       | BALANCE SUMMARY * BALANCE DATE BALANCE                |

**(7**)

NxStage Medical, Inc. 350 Merrimack St.

Lawrence, MA 01843 USA K.Thompson

First Class Mail ComBasPrice 2017 1570 0000 6339 5545

FEC MAIL CENTER SOLL JAM 27 EILL: 52 RECEIVED

CONTROLL OF THE STATES

## **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 Postmarked **USPS Priority Mail Postmarked USPS Priority Mail Express** 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):

DATE PREPARED

(8/2013)

PREPARER