

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2018 APR 10 AM 11:58

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

NXSTAGE MEDICAL INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

350 MERRIMACK STREET



Check if different  
than previously  
reported. (ACC)

LAWRENCE

MA

01843

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00463745

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a). Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

5. Covering Period

01 / 01 / 2018

01 / 01 / 2018

2018

through

03 / 31 / 2018

03 / 31 / 2018

2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

MATTHEW W. TOWSE

Signature of Treasurer

*Matthew W. Towse*

Date

04 / 09 / 2018

04 / 09 / 2018

2018

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

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004



DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Report Covering the Period:

From:

M / D / Y  
01 / 01 / 2018

To:

M / D / Y  
03 / 31 / 2018

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other  
Than Political Committees  
(i) Itemized (use Schedule A).....  
(ii) Unitemized .....  
(iii) TOTAL (add  
Lines 11(a)(i) and (ii).....▶

- (b) Political Party Committees .....  
(c) Other Political Committees  
(such as PACs).....  
(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

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

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

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

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

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

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

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

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

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

\_\_\_\_\_

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

- 

2018-04-11-03-00201726

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....		
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

2018-04-11 PM 08:20:27



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

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

FOR LINE NUMBER:  
 (check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		<input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/Type <input type="checkbox"/> Memo Item	

B.		Date of Disbursement	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		<input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/Type <input type="checkbox"/> Memo Item	

C.		Date of Disbursement	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		<input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/Type <input type="checkbox"/> Memo Item	

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

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

<input type="text"/>
<input type="text"/>

2018-04-11 00:00:20

**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)

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....▶

**TOTALS** This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2018-04-11 00:00:00



# SCHEDULE C-1 (FEC Form 3X)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)		<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>	
<b>LENDING INSTITUTION (LENDER)</b> Full Name	Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %	
Mailing Address	Date Incurred or Established	M M M	D D D
City State Zip Code	Date Due	M M M	D D D
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred		M M M	D D D
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the value of this collateral? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the estimated value? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:		Location of account: Address: City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Title			

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

2018-04-11 09:00:44

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

PAGE OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">C</div>
-----------------------------	--

Check if ☐ 24-hour report ☐ 48-hour report ➤ ☐ New report ☐ Amends report filed on 

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div>
Mailing Address		Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
City	State Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div>
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ➤ _____

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div>
Mailing Address		Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
City	State Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div>
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ➤ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤	
(b) SUBTOTAL of Unitemized Independent Expenditures..... ➤	
(c) TOTAL Independent Expenditures..... ➤	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_

Date 

M M M / D D D / Y Y Y Y Y Y

2018-04-11 PM 00:00:00

# 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

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

PAGE OF

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)

☐ Check if  
24-hour notice

Has your committee been designated to make  
coordinated expenditures by a political party committee?

☐ YES ☐ NO

If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City

State

ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

☐ Memo Item

Purpose of Expenditure

Category/  
Type

Mailing Address

City

State

Zip Code

Date

MM / DD / YYYY

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Amount

Aggregate General Election  
Expenditure for this Candidate ▶

Full Name (Last, First, Middle Initial) of Each Payee

☐ Memo Item

Purpose of Expenditure

Category/  
Type

Mailing Address

City

State

Zip Code

Date

MM / DD / YYYY

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Amount

Aggregate General Election  
Expenditure for this Candidate ▶

Full Name (Last, First, Middle Initial) of Each Payee

☐ Memo Item

Purpose of Expenditure

Category/  
Type

Mailing Address

City

State

Zip Code

Date

MM / DD / YYYY

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Amount

Aggregate General Election  
Expenditure for this Candidate ▶

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

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

2018-04-11 PM 00:01:34

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐  
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative ☐      Generic Voter Drive ☐      Public Communications Referencing Party Only ☐

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.


<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>

PAGE	OF
FOR LINE 18a OF FORM 3X	

NAME OF ACCOUNT

**i) Total Administrative .....**

**ii) Generic Voter Drive** .....



iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) \_\_\_\_\_

Diagram illustrating the structure of a frame with 12 nodes. The nodes are numbered 1 through 12, starting from the top-left corner and proceeding right along the top edge, then down the right edge, and finally left along the bottom edge.

b) \_\_\_\_\_

c) Total Amount Transferred For Direct Fundraising .....

**v) Direct Candidate Support (List Activity or Event Identifier)**

a) \_\_\_\_\_

b) \_\_\_\_\_

c) Total Amount Transferred For Direct Candidate Support.....

**vi) Public Communications Referring Only to Party (Made by PAC) .....**

**TOTAL This Period (Administrative)** .....[illegible]**TOTAL This Period (Generic Voter Drive) .....****TOTAL This Period (Exempt Activities)**.....**TOTAL This Period (Direct Fundraising)**.....**TOTAL This Period (Direct Candidate Support)** .....[illegible]**TOTAL This Period (Public Communications Referring Only to Party).....**

**TOTAL This Period (Total Amount Transferred).....**

[illegible]

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

PAGE      OF  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

<b>A. Full Name (Last, First, Middle Initial)</b> <span style="float:right;"><input type="checkbox"/> Memo Item</span>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC <b>Allocated Activity or Event Year-To-Date</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> <b>Date</b> <div style="display: inline-block; border: 1px solid black; width: 30px; text-align: center;">MM</div> / <div style="display: inline-block; border: 1px solid black; width: 30px; text-align: center;">DD</div> / <div style="display: inline-block; border: 1px solid black; width: 60px; text-align: center;">YYYYYY</div>
<b>Mailing Address</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
<b>City</b> <span style="margin-left: 100px;"><b>State</b></span> <span style="margin-left: 100px;"><b>Zip Code</b></span> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
<b>Purpose of Disbursement:</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
<b>Activity or Event Identifier:</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <b>Category/Type</b>		
<b>FEDERAL SHARE</b> + <b>NONFEDERAL SHARE</b> = <b>TOTAL AMOUNT</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 200px; height: 1.2em;"></div> <div style="border: 1px solid black; width: 200px; height: 1.2em;"></div> <div style="border: 1px solid black; width: 200px; height: 1.2em;"></div> </div>		

<b>B. Full Name (Last, First, Middle Initial)</b> <span style="float:right;"><input type="checkbox"/> Memo Item</span>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC <b>Allocated Activity or Event Year-To-Date</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> <b>Date</b> <div style="display: inline-block; border: 1px solid black; width: 30px; text-align: center;">MM</div> / <div style="display: inline-block; border: 1px solid black; width: 30px; text-align: center;">DD</div> / <div style="display: inline-block; border: 1px solid black; width: 60px; text-align: center;">YYYYYY</div>
<b>Mailing Address</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
<b>City</b> <span style="margin-left: 100px;"><b>State</b></span> <span style="margin-left: 100px;"><b>Zip Code</b></span> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
<b>Purpose of Disbursement:</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
<b>Activity or Event Identifier:</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <b>Category/Type</b>		
<b>FEDERAL SHARE</b> + <b>NONFEDERAL SHARE</b> = <b>TOTAL AMOUNT</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 200px; height: 1.2em;"></div> <div style="border: 1px solid black; width: 200px; height: 1.2em;"></div> <div style="border: 1px solid black; width: 200px; height: 1.2em;"></div> </div>		

<b>C. Full Name (Last, First, Middle Initial)</b> <span style="float:right;"><input type="checkbox"/> Memo Item</span>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC <b>Allocated Activity or Event Year-To-Date</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> <b>Date</b> <div style="display: inline-block; border: 1px solid black; width: 30px; text-align: center;">MM</div> / <div style="display: inline-block; border: 1px solid black; width: 30px; text-align: center;">DD</div> / <div style="display: inline-block; border: 1px solid black; width: 60px; text-align: center;">YYYYYY</div>
<b>Mailing Address</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
<b>City</b> <span style="margin-left: 100px;"><b>State</b></span> <span style="margin-left: 100px;"><b>Zip Code</b></span> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
<b>Purpose of Disbursement:</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
<b>Activity or Event Identifier:</b> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <b>Category/Type</b>		
<b>FEDERAL SHARE</b> + <b>NONFEDERAL SHARE</b> = <b>TOTAL AMOUNT</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 200px; height: 1.2em;"></div> <div style="border: 1px solid black; width: 200px; height: 1.2em;"></div> <div style="border: 1px solid black; width: 200px; height: 1.2em;"></div> </div>		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

<b>FEDERAL SHARE</b>	+	<b>NONFEDERAL SHARE</b>	=	<b>TOTAL AMOUNT</b>

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

<b>FEDERAL SHARE</b>	+	<b>NONFEDERAL SHARE</b>	=	<b>TOTAL AMOUNT</b>



**(To be used by State, District and Local Party Committees Only)**

PAGE                      OF  
FOR LINE 18b OF FORM 3X

**TOTAL AMOUNT TRANSFERRED**[illegible][illegible]**TOTAL AMOUNT TRANSFERRED**

--

[illegible][illegible][illegible]

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

PAGE      OF  
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

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

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

City

State

Zip Code

Category/  
Type

Purpose of Disbursement

Allocated Activity or Event Year-To-Date

Date    M M M / D D D / Y Y Y Y Y Y Y Y

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

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

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

City

State

Zip Code

Category/  
Type

Purpose of Disbursement

Allocated Activity or Event Year-To-Date

Date    M M M / D D D / Y Y Y Y Y Y Y Y

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

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

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

City

State

Zip Code

Category/  
Type

Purpose of Disbursement

Allocated Activity or Event Year-To-Date

Date    M M M / D D D / Y Y Y Y Y Y Y Y

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

**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 30(a)(ii))**

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

**TOTAL This Period for the Levin Share**

2018-04-11-00:00:17-40

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

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

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

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

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

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a

☐ 2

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)

<b>A.</b>		<input type="checkbox"/> Memo Item	Date of Receipt MM / DD / YYYY
Full Name (Last, First, Middle Initial) / Full Organization Name			
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			
<b>B.</b>		<input type="checkbox"/> Memo Item	Date of Receipt MM / DD / YYYY
Full Name (Last, First, Middle Initial) / Full Organization Name			
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			
<b>C.</b>		<input type="checkbox"/> Memo Item	Date of Receipt MM / DD / YYYY
Full Name (Last, First, Middle Initial) / Full Organization Name			
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			
<b>D.</b>		<input type="checkbox"/> Memo Item	Date of Receipt MM / DD / YYYY
Full Name (Last, First, Middle Initial) / Full Organization Name			
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			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			
<b>TOTAL</b> 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: PAGE OF  
(check only one) ☐ 4a ☐ 4c ☐ 5  
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement		Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period 
<b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement		Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period 
<b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement		Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period 
<b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement		Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period 
<b>E.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement		Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period 
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		
<b>TOTAL</b> This Period (last page this line number only).....		

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9781 887 - 4700  
NYSTAGE MEDICAL, INC.  
350 MERRIMACK ST  
LAWRENCE MA 01843 - 1748

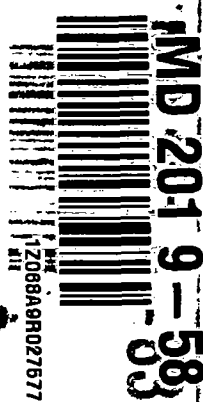
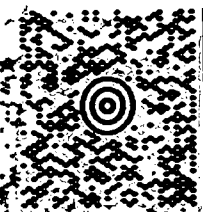
LTR 1 OF 1

SHIP TO:

FEDERAL ELECTION COMMISSION  
(978) 655 - 2041  
200 E STREET NW

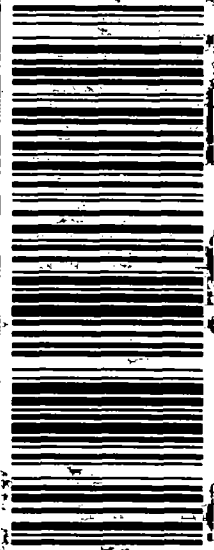
SHIP TO:  
WASHINGTON DC 20002 4694  
FEDERAL ELECTION COMMISSION  
1050 1ST ST NE  
9TH FL

WASHINGTON DC 20002 4694



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UPS 2ND DAY AIR  
TRACKING # 1Z068A9R0275779071



BILLING: P/P

REF: 1-73

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0101951033 4/14 PAC United Parcel Service

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