

# FEC FORM 3X

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

RECEIVED

Office Use Only 14 AM 10:20

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER

NXSTAGE MEDICAL, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

350 MERRIMACK STREET

Check if different than previously reported. (ACC)

LAWRENCE

MA

01843

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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



Primary (12P)



General (12G)



Runoff (12R)

PRE-Election



Convention (12C)



Special (12S)

Report for the:

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

State

(d) 30-Day

POST-Election



General (30G)



Runoff (30R)



Special (30S)

Report for the:

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

State

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

Office Use Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NXSTAGE MEDICAL, INC. POLITICAL ACTION

Report Covering the Period:

From:

07 / 01 / 2014

To:

09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2014	344368
(b) Cash on Hand at Beginning of Reporting Period.....	344368	
(c) Total Receipts (from Line 19) .....		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	344368	344368
7. Total Disbursements (from Line 31) .....		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	344368	344368
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		



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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NXSTAGE MEDICAL, INC. POLITICAL ACTION

Report Covering the Period:

From:

07 / 01 / 2014

To:

09 / 30 / 2014

**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).....▶

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

**III. Net Contributions/Operating Ex-**  
**penditures**

**COLUMN A**  
**Total This Period**

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

33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
34. Total Contribution Refunds  
(from Line 28(d)) .....
35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....▶
37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....▶





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

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

FOR LINE NUMBER:  
 (check only one)

PAGE OF

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

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

NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL, INC. POLITICAL ACTION

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

Mailing Address

/  /

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

/  /

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

/  /

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

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

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

# 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)

NXSTAGE MEDICAL, INC. POLITICAL ACTION

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

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:






 % (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.



**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)  NXSTAGE MEDICAL, INC. POLITICAL ACTION.		<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>	
LENDING INSTITUTION (LENDER) 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 <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>		
City State Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>		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="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></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="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>	
Title			

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL, INC. POLITICAL ACTION

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) ►

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

PAGE      OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  NXSTAGE MEDICAL, INC. POLITICAL ACTION	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C 0 0 4 6 3 7 4 5</div>
---	---

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

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

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>
City	State	Zip Code
Purpose of Expenditure	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / 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="display: inline-block; border: 1px solid black; padding: 2px;"> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>
City	State	Zip Code
Purpose of Expenditure	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / 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="display: inline-block; border: 1px solid black; padding: 2px;"> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>

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 / D D / Y Y Y Y Y Y

# **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 (2 U.S.C. §441a(d))**

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

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) <b>NXSTAGE MEDICAL, INC. POLITICAL ACTION</b>					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> 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				Purpose of Expenditure		<div style="border:1px solid black; width:50px; height:20px;"></div>
Mailing Address						Category/Type
City		State		Zip Code		Date <div style="border:1px solid black; width:50px; height:20px;"></div> / <div style="border:1px solid black; width:50px; height:20px;"></div> / <div style="border:1px solid black; width:100px; height:20px;"></div>
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential	State: _____ District: _____	
Aggregate General Election Expenditure for this Candidate ▶						Amount <div style="border:1px solid black; width:200px; height:20px;"></div>

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<div style="border:1px solid black; width:50px; height:20px;"></div>
Mailing Address						Category/Type
City		State		Zip Code		Date <div style="border:1px solid black; width:50px; height:20px;"></div> / <div style="border:1px solid black; width:50px; height:20px;"></div> / <div style="border:1px solid black; width:100px; height:20px;"></div>
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential	State: _____ District: _____	
Aggregate General Election Expenditure for this Candidate ▶						Amount <div style="border:1px solid black; width:200px; height:20px;"></div>

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<div style="border:1px solid black; width:50px; height:20px;"></div>
Mailing Address						Category/Type
City		State		Zip Code		Date <div style="border:1px solid black; width:50px; height:20px;"></div> / <div style="border:1px solid black; width:50px; height:20px;"></div> / <div style="border:1px solid black; width:100px; height:20px;"></div>
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential	State: _____ District: _____	
Aggregate General Election Expenditure for this Candidate ▶						Amount <div style="border:1px solid black; width:200px; height:20px;"></div>

SUBTOTAL of Expenditures This Page (optional).....▶					<div style="border:1px solid black; width:200px; height:20px;"></div>
TOTAL This Period (last page this line number only).....▶					<div style="border:1px solid black; width:200px; height:20px;"></div>

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

**METHOD OF ALLOCATION FOR:**

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

NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL, INC. POLITICAL ACTION

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

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

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

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

**Flat Minimum Federal Percentage**

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

**or**

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

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

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

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)  
NXSTAGE MEDICAL, INC. POLITICAL ACTION

### 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> <hr/> <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> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <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> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <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> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <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> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <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> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <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> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>


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

FOR LINE 18a OF FORM 3X

**NXSTAGE MEDICAL, INC. POLITICAL ACTION**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div data-bbox="591 369 672 373">M M</div> <div data-bbox="685 369 766 373">/ D D</div> <div data-bbox="779 369 992 373"></div>	<div data-bbox="1020 369 1448 373"></div>

### BREAKDOWN OF TRANSFER RECEIVED



iv) Direct Fundraising (List Activity or Event Identifier)

a)

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

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

a)

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



## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

[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)  
NXSTAGE MEDICAL, INC. POLITICAL ACTION

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date  /  /

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT




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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date  /  /

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT




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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date  /  /

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT




SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT




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

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT



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

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

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

PAGE      OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL, INC. POLITICAL ACTION

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN 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).....

110011-111011-110011

1-041-19070

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)  
NXSTAGE MEDICAL, INC. POLITICAL ACTION

A. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign		
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	<input type="text"/> <input type="text"/>		
Purpose of Disbursement		Category/Type	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

B. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign		
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	<input type="text"/> Category/ Type		
Purpose of Disbursement			Date <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input type="text"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign			
Mailing Address			Allocated Activity or Event Year-To-Date <input type="text"/>			
City	State	Zip Code	<input type="text"/> Category/ Type			
Purpose of Disbursement			Date <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
<input type="text"/>			<input type="text"/>			<input type="text"/>

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(iii))</b>			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
<b>TOTAL This Period for the Levin Share</b>			

**SCHEDULE L (FEC Form 3X)****AGGREGATION PAGE: LEVIN FUNDS**NAME OF COMMITTEE (In Full)  
NXSTAGE MEDICAL, INC. POLITICAL ACTION

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

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NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL, INC. POLITICAL ACTION

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

Date of Receipt

/  /

Amount of Each Receipt this Period

Aggregate Year-to-Date

A.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

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

Date of Receipt

/  /

Amount of Each Receipt this Period

Aggregate Year-to-Date

B.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

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

Date of Receipt

/  /

Amount of Each Receipt this Period

Aggregate Year-to-Date

C.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

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

Date of Receipt

/  /

Amount of Each Receipt this Period

Aggregate Year-to-Date

D.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

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: PAGE OF  
 (check only one) ☐ 4a ☐ 4c ☐ 5  
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)  
 NXSTAGE MEDICAL, INC. POLITICAL ACTION

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

**A.**

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

**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

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

**E.**

Date of Disbursement

Mailing Address

/  /

City State Zip Code

Amount of Each Disbursement this Period

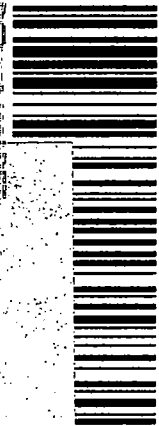
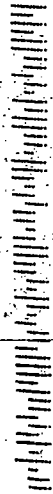
Purpose of Disbursement

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

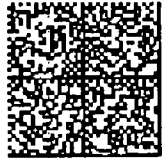
**TOTAL** This Period (last page this line number only)..... ►

STAGE®

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Lawrence, MA 01843 USA



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