4031203875

FEC FORM 3X

Office

Use

Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2014 ARG USB ON PH 12: 20

FEC FORM 3X

Rev. 12/2004

1.	NAME (OF ITEE (in full)	TYPE OR	PRINT ¥		ample: If ty er the lines.	ping, type	12	2FE4M	EC MA	IL CE	YTER
LN)	KSTAGE	MEDICAL, INC.	POLITIC	AL ACTION (COMMIT	ree ————			111			لحبيا
Ц	111							111				
ADI	ORESS (r	number and street)	350 MI	ERRIMACK S	TREET	1_1_1_						لتبيا
	thar	eck if different n previously orted. (ACC)	LAWR	ENCE				<u> </u>	14	01843		
2.	FEC ID	ENTIFICATION NU	MBER ▼		CITY A			STA	TE_	·	ZIP COI	DE 🛦
	C 00)463745		3.	IS THIS REPORT	X	NEW (N)	OR	P 11	AMENDED (A)		
4.	TYPE (Choose	OF REPORT One)	(b) Mor Rep Due	oort de la	eb 20 (M2)	i sila Priji	May 20		Li Otto	ig 20 (M8)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Que	arterly Reparts:			1ar 20 (M3)		Jun 20	, ,	L≘i roma	ep 20 (M9)		(Non-Election Year Only)
	X	April 15 Quarterly Report (Q	1) <u> </u>	12.5	pr 20 (M4)		Jul 20 (20 (M10)		Jan 31 (YE)
		July 15 Quarterly Report (Q		12-Day PRE-Election Report for the		Primary (1	·			al (12G) I (12S)	<u> </u>	Runoff (12R)
	(== :	October 15 Quarterly Report (Q January 31	3)		• •	MUM	ים ∟"ם" ∖	/ v i	· Y [], [Y]	v	in the	
	2.11	Year-End Report (Y			ction on	<u> </u>	<u>. يـن أ</u>	<u> </u>			State of	le de la
	<u> </u>	Report (Non-election Year Only) (MY)	n (d)	30-Day POST-Election Report for the		General (3	0G)		Runoff	(30R)		Special (30S)
	6;;;;! ≟:::	Termination Report (TER)		•	ction on	M VM	/ D D		r y ner y ff	· • · · · · · · · · · · · · · · · · · ·	in the State of	
5.	Covering		M : / : D : 01	ž / 2014	¥Ter¥T1 Jeru Le [©]	through			31	2014		
	•	I have examined the		and to the best		wledge and	d belief it	is true, o	correct a	and comple	te.	
Sigr	nature of	Treasurer	Mű	14				Date	M O	4 / 02	· · · · · · · · · · · · · · · · · · ·	2014
NOT	ΓE: Submi	ission of false, errone	eous, or inc	omplete informa	tion may si	ubject the p	erson sigi	ning this F	Report to	the penalti	es of 2 L	J.S.C. §437g.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

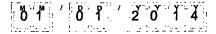
Page 2

Write or Type Committee Name

NXSTAGE MEDICAL, INC. POLITICAL ACTION

Report Covering the Period:

From:



To







		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2 0 1 4		3,4,4,3,6,8
	(b) Cash on Hand at Beginning of Reporting Period	3 4 4 3 6 8	
	(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)	3 4 4 3 6 8	3,4,4,3,6,8
7 .	Total Disbursements (from Line 31)		
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3,443,68	3,44,3,68
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)		

For further information contact:

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

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 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NXSTAGE MEDICAL, INC. POLITICAL ACTION

0 1 0 1 2 0 1 4 0 3 / 3 1 / 2 0 1 4 To: Report Covering the Period: From:

	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	Partnerment Conf 10 and 110 and 12 and 12 and	
	(i) Itemized (use Schedule A)		
	(ii) Unitemized		
	(iii) TOTAL (add	The mathematical state of the control of the contro	
	Lines 11(a)(i) and (ii)▶		
	.,,,		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contributions (add Lines	lle me coloquia are mane na mened o	to the transfer of the Contract of the Contrac
	11(a)(iii), (b), and (c)) (Carry	The Police Control Services of the professional creeding	
	Totals to Line 33, page 5)		
12	Transfers From Affiliated/Other		
	Party Committees	() () () () () () () () () ()	
	Tarty Committees		
12	All Loans Received		
10.	All Louis Hoodivo	Beautican meater in America di i	
		primary superior than the control of the string of	
	Loan Repayments Received	English of the second of the second	- Harris of the state of the st
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)	पुर्व असाधार व तथा । स्वरूपा स्वरूपा स्वरूपा 🛴 ।	(
	(Carry Totals to Line 37, page 5)	Language in the grant of the Samuel	
16.	Refunds of Contributions Made		
	to Federal Candidates and Other	growth or a substitution of the subsets	
	Political Committees	Table of the street of the street of the deal	
17.	Other Federal Receipts	The left of the logic with a first and a second of the left of groups in general and the left of the l	
	(Dividends, Interest, etc.)	(
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account		
	(fram Schedule H3)	Large programme	<u> </u>
		हुन सम्बद्धा प्राथमा अन्यक्ता अन्यक्ता अन्यक्ता है।	- The rest of the section of the sec
	(b) Levin Funds (from Schedule H5)	Long are a constant	The same and a same and a same and a same
			المصلات المسائد المسائ
	(c) Total Transfers (add 18(a) and 18(b))		
		the Description of the Performance of the	
19.	Total Receipts (add Lines 11(d),	(The Committee of the	
	12, 13, 14, 15, 16, 17, and 18(c))▶		
		<u> Bartan ate a a ang atawa at at at a a a a a a a a a a a a </u>	
20.	Total Federal Receipts	والمسال المساولة المعاولة والمساورة والمساورة والمساورة المساورة والمساورة و	
	(subtract Line 18(c) from Line 19)▶		

00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Bate
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	g ear owners in metres a sering	Calendar real-to-pate
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures	An interior interior to a composition of the transfer of the composition of the compositi	[
00	(add 21(a)(i), (a)(ii), and (b))		
22.	Transfers to Affiliated/Other Party Committees		ii l
23.	Contributions to Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
25.	(use Schedule E)		
26.	• •	7 7 7	
27. 28.	Loans Made	Confidence of Assets Confidence of Confidence	
	·	्रेत्र के के किया के प्रोक्त हैं।	
	(b) Political Party Committees	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The survey of the second
	(c) Other Political Committees		
	(such as PACs)	o a realização de certarios de respectos de la compansión de la compansión de la compansión de la compansión d	<u> </u>
	(d) Total Contribution Refunds	- Need ministering of Left and the minister of the Need	
	(add Lines 28(a), (b), and (c))		
	(232 2 25(2)) (2)) 2 (5))	o dell'allo de Minero al la Cele Merche de la Pealline. Transportation de la martina de la companya de la	
29.	Other Disbursements		
00	Forders Floring Assistant (O. L.S.C. \$421(20))		
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)	gerales described and reserves	
	(i) Federal Share	The Market Mark Color of the Co	
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		الله على المحالف المحالية المحالة المحالة المحالة المحالف المحالف المحالف المحالف المحالف المحالف المحالف المح المحالف المحالف المحال
	With Federal Funds	in the contract of the contrac	
	(c) Total Federal Election Activity (add		- Her with a state of the second seco
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	Luis despuis desire desire desire et d	hand the state of
31.	Total Disbursements (add Lines 21(c), 22,	apartegram agra agraeng = a jan agraeng may ing ay ing	المستقرب التراثية والمنظرات والمستوالة والمس
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	<u> </u>	<u> </u>
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		<u> </u>
	from Line 31)	Fruit of the 20 to the 12 to the tree to be 12 to 12 t	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

SCHEDULE A (FEC FOIII 3A)	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an	may not be sold or used by any ped address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NXSTAGE MEDICAL, INC. POLITICAL ACT		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		1 M . M . \ (Lo. 200) \ [A . A . A . A . A . A . A . A . A . A
City State	Zip Code	
	we strades, in particular of the trades have been also	Amount of Each Receipt this Period
Name of Employer Occupa	tion	
Primary General	ate Year-to-Date ▼	•
Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		[M.s.w.] \ [s_ns_] \ [k_n_s_n_n]
City State	Zip Code	
FEC ID number of contributing federal political committee.	- Production Control of the Control	Amount of Each Receipt this Period
Name of Employer Occupa	tion	
Primary General Other (specify)	ate Year-to-Date ▼	X
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M - M - 10 - 0 / 1 4 - 4 - 4 - 4 - 1
City State	Zip Code	Amount of EnglyPagaint this Period
federal political committee.	George Constant Const	Amount of Each Receipt this Period
Name of Employer Occupa	tion	
Primary General	ate Year-to-Date ▼ one of the second secon	:
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE B (FEC FORM 3X)	Lies comprete cohodule(s)		E NUMBER: PAGE OF			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	<u> </u>			
	Detailed Summary Page	21b 27	22 23 28b 28b	24 25 26 29 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)	ie and address of any pointed		CONTRACTOR INC.	The Debt Committee.		
NXSTAGE MEDICAL, INC. POLITICAL	ACTION					
Full Name (Last, First, Middle Initial)						
A.			Date of Disburseme			
Mailing Address			M - M / D - D			
City	State Zip Code					
Purpose of Disbursement		157-4/27	Amount of Each Dis	bursement this Period		
Candidate Name	¿	Cotocomi				
	1	Category/ Type		\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\		
Office Sought: House Bisburser Senate						
President	Primary ☐ General Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
В.			Date of Disburseme			
Mailing Address			M - M / D V D	i h '!		
City	State Zip Code					
Purpose of Disbursement		ريشتن. عن سن				
				bursement this Period		
Candidate Name	ľ	Category/ Type	# 	·/g^:L:L/*\:		
Office Sought: House Disburser						
Senate President	Primary ☐ General Other (specify) ▼	Î				
State: District:	Canon (opcomy)					
Full Name (Last, First, Middle Initial)			$\overline{}$			
С.		İ	Date of Disburseme			
Mailing Address			Mam	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
City	State Zip Code					
Purpose of Disbursement		1				
Candidate Name		Category/		bursement this Period		
Office Sought: House Disburser	nent For	Туре	<u> </u>	<u> </u>		
Senate	Primary General					
President President	Other (specify) ▼	1				
State: District:						
SUBTOTAL of Disbursements This Page (optional)		······		[i		
TOTAL This Period (last page this line number only)			<u> </u>	1_/g\1\1\1\1		
•						

HEDULE C (FEC Fo Ans	•	Use separate schedule(s)	PAGE OF	
Alto		for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full)				
NXSTAGE MEDICAL, INC.	POLITICAL ACTION			
LOAN SOURCE Full Name (ast, First, Middle Initial)		Election:	
			Primary General	
Mailing Address			Other (specify)	
City	State ZII	P Code		
Original Amount of Loan	1 B		e Outstanding at Close of This Peri	
<u> </u>		<u></u>		
Date Incurred	Date		Secured:	
M G M I / D G D / Y S Y	TO A CALL OF THE WAY OF THE PARTY OF THE PAR		% (apr) Yes N	
List All Endorsers or Guaran	tors (if any) to Loan Source			
1. Full Name (Last, First, Mic		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	State ZIP Code	Guaranteed Outstanding:	<u></u>	
2. Full Name (Last, First, Midd	lle Initial)	Name of Employer		
Mailing Address		Occupation		
Mailing Address		Cooppaiion		
	A			
City	State ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Midd	lle Initial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed		
•		Outstanding:	····································	
4. Full Name (Last, First, Midd	lle Initial)	Name of Employer		
Mailing Address		Occupation		
		Amount springs in the	n Mandan Sasanayan sanad	
City	State ZIP Code	Guaranteed	الدسج فالمحمد بمارية	
BTOTALS This Period This Pa	age (optional)	<u> </u>		
TALS This Period (last page i	n this line only)	[·=-7= 7=	· · · · · · · · · · · · · · · · · · ·	
Time Time I diled (last page I		<u> </u>		

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463			
NAME OF COMMITTEE (In Full)		J P-EV	IDENTIFICATION NUMBER
NXSTAGE MEDICAL, INC. POLITICAL ACTION.		<u>C</u>	
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name	\$==	F-07470.444	कृष्टाक्रमा सम्बद्धाः । व
	for the design of the second section of the second section of the second	·/•``	<u> </u>
Mailing Address		M ~ M ;	/ [C 1.7 P] / [P]
	Date Incurred or Established	, i	
	1		\ 0 \ 0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
City State Zip Code	Date Due	لي م پل	<u> </u>
A. Has loan been restructured? No Yes	If yes, date originally incurred		/ (10000) / (4040404)
B. If line of credit,	Total Outstanding		,,,,,,,,
Amount of this Decui	Balanas		1
Amount or this Draw:		والمعطاء مساكمها.	
C. Are other parties secondarily liable for the debt incurre			
	ust be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the liproperty, goods, negotiable instruments, certificates of	loan: real estate, personal		value of this collateral?
stocks, accounts receivable, cash on deposit, or other			1
No Yes If yes, specify:		lande <u>r en e</u>	
in yes, specify.		Does the le	nder have a perfected security
		interest in i	
E. Are any future contributions or future receipts of interes	\	What is the	estimated value?
collateral for the loan? No Yes If yes, s	specify:	رادسي∓يس جمل الاستي∓يس	
			<u> </u>
	Location of account:		
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).			
Date account established:	Address:		
Mam / Dag / Anda Aad	City, State, Zip:		
			
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan			
G. COMMITTEE TREASURER		DANE	
Typed Name		_ i iii iii ii	ן (רסיטיסר) / (רסיטיסר) / (רסיטיסר) /
Signature		<u> </u>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION:			Parada and an alamatan at the disease
 To the best of this institution's knowledge, the te are accurate as stated above. 	erms of the loan and other inform	nation regard	ling the extension of the loan
II. The loan was made on terms and conditions (in	cluding interest rate) no more fa	vorable at th	e time than those imposed for
similar extensions of credit to other borrowers of III. This institution is aware of the requirement that		s which ase	ires renayment and has
complied with the requiremente set forth at 11 C	FR 100.82 and 100.142 in making	ing this loan.	
AUTHORIZED REPRESENTATIVE		DATE	
Typed Name			1 D A D 1 A MA MA MA
Signature	ile		

SCHEDULE D (FEC Form 3X)			Use separate PAGE OF		
			nedule(s)	FOR LINE NUMBER:	
xcluding Loans			or each bered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·				
NXSTAGE MEDICAL, INC. POLITICAL	ACTION				
A. 'Full Name (Last, First," widdle Initial) of Debt	of or Creditor		Nature of D	ebt (Purpose):	
			,		
Mailing Address		-			
City State	Zip Code				
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	; :===2====;	Outstandin	ng Balance at Close of This Perio	
		<u>1</u> j	<u> </u>	<u></u>	
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	ebt (Purpose):	
Mailing Address	\				
City State	Zip Oode				
Outstanding Balance Beginning This Period					
Amount Incurred This Period			FFSFV	ng Balance at Close of This Perio	
C. Full Name (Last, First, Middle Initial) of Debt					
C. Full Name (Last, First, Middle Initial) of Debt	or or creditor		Nature of D	ebt (Purpose):	
Mailing Address					
City	State Zip Code	-			
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	nu quaasiin	Outstandin	ng Balance at Close of This Perio	
	en in die etwen die Konstantier	i			
SUBTOTALS This Period This Page (optional)		>	Ú Landinaria		
2) TOTALS This Period (last page this line numbe	r only)	>			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	▶	1		
ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page or	nly) ▶	- !		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NXSTAGE MEDICAL, INC. POLITICAL ACTION	C 0 0 4 6 3 7 4 5
Check if 24-hour report 48-hour report New report Amends report	filed on WVM / DVD / VVVVV
Full Name of Payee	Date of Public Distribution/Dissemination
	(M-1M-) / [D-1/D] / [4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	May , Das , Laaraa
Name of Federal Candidate Support C	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify) >
Full Name of Payee	Date of Public Distribution/Dissemination
	[MINMI], [DIRD], [AIRAINAINA
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category Type	M.M. , B.O. , L.CA.CA.CA
Name of Federal Candidate Support C	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(e) control of control and position and an arrangement of the control of the cont	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	t made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Signature	MYM) / DVD / YVYVY

PAGE

OF

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 PAGE OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) NXSTAGE MEDICAL, INC. POLITICAL ACTION Has your committee been besignated to make Fittl Name of Subordinate Committee coordinated expenditures by a political party committee? YES Mailing Address If YES, name the designating committee: City State 7IP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type **Mailing Address** Date M C M City State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential granger garages 5. 557 3 Aggregate General Election Expenditure for this Candidate Parker of mother the mineral... -arieniej Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City Zip Code State الفصميا Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential التشاريني عرواء الإراء الإراميان والتناوي والمتاري والمتاري والمتاري والمتاري والمتارية Aggregate General Election Expenditure for this Candidate Barria de la companya Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Туре Mailing Address City State Zip Code D O D inari- maii / Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential ין הראקה הרקה וועדי אבקאבות בנייני משקט בבוקא באודי Aggregate General Election Expenditure for this Candidate Carachia de la completa a la la completa de completa della comple SUBTOTAL of Expenditures This Page (optional)...... 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 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):
This fallo applies to (check all that apply).

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 CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received mether expenses must equal the federal proportion of monies raised. 	hod" where the federal pr	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommended where the federal proportion of disbursements is based on the benefitivity. Fer PACs only: Direct candidate support includes public commended and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	it derived by federal cand nunications or voter drives	idates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	%	• • • • • • • • • • • • • • • • • • •
CHECK IF THE RATIO IS:	<u> </u>	<u> </u> %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	([
Fundraising Direct Candidate Support	<u> </u>	<u> </u>
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	ismismily signal	
Fundraising Direct Candidate Support	%	<u> </u>
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	550504.5	WONEZDEDI V
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS: New		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONECDEDAL OF
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	<u></u>

Same as Previously Reported

New

Revised

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

PAGI	Ξ	C	F			
L						
IFOR.	LIME	189	OF	FOR	MS	3

	IE OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		(MYCM) / porola / (YYCY) YTCY	
		Levi, Eller Lenner Levi	<u> </u>
3RE	AKDOWN OF TRANSFER RECEIVED		
i)	Total Administrative		<u>Harara general operation, or all</u>
			· — ; — ; — ; — ; — ; — ; — ; — ; — ; —
11)	Generic Voter Drive		
tii)	Exempt Activities		
lv)	Direct Fundralsing (List Activity or Ever	Medentifier)	
		The first one of the second resemble	U
	a)		
	b)		
	·	— il-manya aran menangan sa	- Marriagn and a factorial and a marriagn at free framework
	c) Total Amount Transferred For Direct F	undraising	
v)	Direct Candidate Support (List Activity	or Event Identifier)	
			; ;
	a)	— Berline al creation between the second	
	b)	gender werde eur fan Hide dê Stead east i Top de stead op van de stead op de stead	•1
		compare a compare to the compare	::::1
	c) Total Amount Transferred For Direct C	Candidate Support	
vi\	Public Communications Referring Onl	y to Party (Made by PAC)	
<u> </u>		S FOR BREAKDOWN OF TRANSFER RECEIVE	
	TOTAL		
	T1 . T		
TAL	This Period (Administrative)		•
			ar natural and and and
		ر میں جائے ہیں۔ ریادی میں میں ایک	
TAL			
TAL	This Period (Generic Voter Drive) This Period (Exempt Activities)	्रास्त्रण न्यान्य उत्पर्वे क्रिक्ट	
TAL	This Period (Generic Voter Drive) This Period (Exempt Activities)	्राक्षण ग ्राम	
TAL TAL	This Period (Generic Voter Drive) This Period (Exempt Activities) This Period (Direct Fundraising)	The state of the s	
TAL TAL	This Period (Generic Voter Drive) This Period (Exempt Activities) This Period (Direct Fundraising)	्रास्त्रण न्यान्य उत्पर्वे क्रिक्ट	
TAL TAL	This Period (Generic Voter Drive) This Period (Exempt Activities) This Period (Direct Fundraising) This Period (Direct Candidate Support)	The state of the s	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NA	ME OF COMMITTEE (In Full) NXSTAGE MEDICAL, INC. POLITICAL	. ACTION			
Α.	Füll Name (Last, First, Middle Inîtial)				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 Disborsement:			[=== ,======	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/	(
				Type	Date
	FEDERAL SHARE	الاستانات عن الم	NONFEDERAL		TOTAL AMOUNT
	haran mana and a salar		<u> </u>	<u> </u>	
В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address	$\overline{}$			Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			[[Tanker]	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/	
				Type	Date
	FEDERAL SHARE	han farafa +	NONFEDERAL		TOTAL AMOUNT
		<u> </u>	edito-modille te	A Company of the	
C.	Full Name (Last, First, Middle Initial)				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:			(Carolina de la companya de la comp	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
	TEDERAL STARL	Thrustou Thrustou			la barrana Janaana aran la
SI	JBTOTAL of Allocated Federal and NonFederal		s Page		
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
TC	TAL This Period (last page for each line only)(
	FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT
	i i	**			

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

IAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRE	D
AVIAIT OI V	0000111	TANDMAN TO BE A CAND		
				j
REAKDOV	VN OF THIS TRANSFER			
i)	Voter Registration		ER REGISTRATION Recording to the second of the first fig.	
	Total Amount Transferred for Vo	ter Registration		
			VOTER ID	
ii)	Voter ID Total Amount Transformed for Vo			
	Total Amount Translened for Vo	ter ID		
ili)	GOTV		GOTV	
	Total Amount Transferred for	OTV		
			GENERIC CAMPAIGN ACTIVITY	
iv)	Generic Campaign Activity	anaria Astivity	والمراق والمراوي والمستمر والمراوي والمراوي والمراوي والمراوي والمراوي والمراوي والمراوي والمراوي والمراوي	
	Total Amount Transferred for Ge	eneric Campaign Activity		_
IAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRE	<u> </u>
IAWIE OF A	0000141	1	TOTAL AMOUNT TRANSPERSE	
				i l
				
REAKDOV	WN OF THIS TRANSFER			
i)	Voter Registration	VOT	TER REGISTRATION	
	Total Amount Transferred for Vo	ter Registration	Na volu (Sheekka) Der Julia Shear	
		6.0 a 1 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2	VOTER ID	
il)	Voter ID	A ID	Cond- Cond- Constanting	
	Total Amount Transferred for Vo	ter ID	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
iii)	GOTV		GOTV	
	Total Amount Transferred for Go	OTV		
			GENERIC CAMPAIGN ACTIVITY	
iv)	Generic Campaign Activity	eneric Campaign Activity	Control of the second s	7
	Total Amount Transferred for Go	eneric Campaign Activity	Language Viene	!
	TOTALS FOR	BREAKDOWN OF TRANSFER RE	ECEIVED (Last Page Only)	
TOTAL	L This Period (Voter Registration	, and, each, name of a		
	_	All die eiten 180	<u> </u>	
TOTAL	L This Period (Voter ID)	';		
,	,,	105	of the state of th	
ΤΩΤΔΙ	L This Period (GOTV)			
1017	1 0100 (001 1/			
TOTAL	This Poriod (Caparia Camaria	A Activity	کسی مستوری مستی مسیری کرده کی مستوری می در این از در این می استون در این در این در این در این در این در این در در این در این	7]
IUIAI	L This Feriou (Generic Campaigi	Activity)	······································	ڭ.
				~~

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	зх

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:
	Voter Registration GOTV
	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
	ر محمد روستها محمل مستور مصور هم المواقعين محمد والمستورة المستورة المستورة المستورة المستورة المستورة المستورة
City State Zip Code	
Purpose of Disbursement	LAURIN LOND V LAURANA
	Category/ Type Date
FEDERAL SHARE + LEVIN SHA	
Listen Carried and the Carried and Carried	
the state of the s	
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV
	Voter ID Generic Campaign
	Allocated Activity or Event Year-To-Date
Mailing Address	Autority of Event fear-to-pate
City State Zip Code	<u> </u>
Purpose of Disbursement	Category/ Date
FEDERAL SHARE + LEVIN SH	
Newton Association (2) Amedical Associated Medical Service representations of the Company of the	
temental de la	<u>\</u>
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV Voter ID Generic Campaign
	Voter is dericine dampaign
Mailing Address	Allocated Activity or Event Year-To-Date
Other Tip Code	
City State Zip Code	
Purpose of Disbursement	Category/ Type Date
FEDERAL SHARE + LEVIN SHA	
<u> </u>	
SUBTOTAL of Shared Federal and Levin Activity This Page	
FEDERAL SHARE + LEVIN SHA	
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and	
FEDERAL SHARE	TOTAL AMOUNT
15/11/01/	405
TOTAL This Period for the Levin Share	

M

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) NXSTAGE MEDICAL, INC. POLITICAL ACTION NAME OF ACCOUNT **COLUMN B COLUMN A TOTAL THIS PERIOD** YEAR-TO-DATE RECEIPTS FROM PERSONS (a) Itemized (Use Schedule L-A) gental rulenze ivilino i Agre o i esperar i tal (b) Unitemized (they were upon a more property of the group of the property of the section of th (c) Total renga kulong kan yang beratar kuta daka bakasur kut OTHER RECEIPTS..... le Beile-4----- Zh- "ele" -Zhek e ii TURED PUTER HAR FARRANCE A 3. TOTAL RECEIPTS (Add Lines 1c and 2) TRANSFERS TO FEDERAL OR **ALLOCATION ACCOUNT** (Use Schedule L-B) (a) Voter Registration (b) Voter ID...... Pro Control of the Co ngillangilla gilla gilla i ta gilla (c) GOTV (d) Generic Campaign...... <u>ئىرىكى بىرى يىلى سىرې يىلى سىرې سىرى بىرى</u> (e) Total..... 20 mars - 27 mar OTHER DISBURSEMENTS... <u>and the contract and the contract making of the contract and the contract</u> and the contract for contract for the TOTAL DISBURSEMENTS .. 6. (Add Lines 4e and 5) BEGINNING CASH ON HAND...... 7. (for Column B, use cash as of January 1st) RECEIPTS..... 8. (from Line 3) SUBTOTAL 9. (Add Lines 7 and 8) The Pall and the State of the Pall After State 10. DISBURSEMENTS (From Line 6) 11. **ENDING CASH ON HAND.** like dipologica di Lapon Kale Giba dela deleta del fili (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

OR LINE NUMBER: theck only one)	1a	2

PAGE

OF

	Aggregation Page	(check only one)	1a	2
Any information copied from such Reports and Statements may not or for commercial purposes, other than using the name and address				
NAME OF COMMITTEE (In Full) NXSTAGE MEDICAL, INC. POLITICAL ACTION				
Full Name (Last; First, Middle Inhtial) / Full Organization Name		Date of Receipt		-
A .		/ M - M - / [- D /]	A-0-A-0-A	
Mailing Address				<u>اك</u>
City	Zip Code	Amount of Each Receip		أكيت
Name of Employer or Principal Place of Business		- i - <u>ii n n g~ n g</u>	<u> </u>	<u> </u>
Traine of Employer of Frincipa Flace of Dusiness		Aggregate Year-to-Date		
Occupation				il
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt		
В.		M (M) / D (D) /	Y	
Mailing Address	-			
City State	Zip Code	Amount of Each Receip		
Name of Employer or Principal Place of Business		Aggregate Year-to-Date	<u>) </u>	اِلْــــــــــــــــــــــــــــــــــــ
Occupation		Aggregate real-to-pate		ij
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt		
C		/ [a. a] /		
Mailing Address		Amount of Each Receip		 1
City State	Zip Code			Ìi.
Name of Employer or Principal Place of Business		Aggregate Year-to-Date	richard richi	ليية.
Occupation		Aggregate four to but		ıi
Full Name (Last, First, Middle Initial) / Full Organization Name D.		Date of Receipt		
Mailing Address		Amount of Eath Pagein	t this Porise	ظ
City State	Zip Code	Amount of Each Receip		
Name of Employer or Principal Place of Business			<u> </u>	
Occupation		Aggregate Year-to-Date	,	السم
·		1) 	N_01,_01_70	. <u>r</u>]
SUBTOTAL of Receipts This Page (optional)	————			
TOTAL This Period (last page this line number only)				!!

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISRUBSEMENTS

	FOR LINE NUMBER: PAGE	OF_
Use separate schedule(s) for each category of the Aggregation Page	(check only one) 4a 4c 4c	

OF LEVIN FUNDS	for each category of the Aggregation Page	4a 4c 5 4b 4d
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) NXSTAGE MEDICAL, INC. POLITICAL ACTI	ON	
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		<u>Lai Lai Laal</u>
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name B. Mailing Address		Date of Disbursement
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Company of Lacin Disbursement this Feriod
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 D.	Name	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)		



NxStage Medical, Inc. 350 Merrimack St.

Lawrence, MA 01843 L

388507TS

(8/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **USPS Priority Mail** 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): **PREPARER**