2017 - 07 - 03 - 00160945

FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC MAIL CENTER
2017 JUL -7 PM 12: 59

Rev. 12/2004

									1	Office U	se Only	12.59
1.	NAME O COMMIT	F TEE (in full)	TYPE	OR P	RINT ▼		ample: If ty er the lines.		12FI	E4M5		
<u> </u>	NXSTAG	E MEDICA	L INC. I	POLI	TICAL A	CTION C	OMMIT	TEE	<u> </u>			
L		1 1 1 1	1 1 1	1.1	1 1 1			<u> </u>	<u> </u>			· · · · · · ·
AD	DRESS (n	umber and street;		0 MI	ERRIMA	CK STREE	T	1	<u> </u>			
	than	ck if different previously rted. (ACC)	LA	WR	ENCE				MA	01843		
2.	FEC IDE	NTIFICATION	NUMBE	R▼		CITY			STATE 4	\	ZIP CO	DE 🛦
	C 00	163745				3. IS THIS REPORT		NEW (N) OF		AMENDED (A)		
4.	(Choose	OF REPORT One) rterly Reports:	(b)) Mon Rep Due		Feb 20 (M2	<u></u>	May 20 (M	اسة	Aug 20 (M8) Sep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
	□□□□□	April 15 Quarterly Repo July 15 Quarterly Repo October 15 Quarterly Repo January 31 Year-End Repo	rt (Q2) rt (Q3)	(c)	12-Day PRE-Election Report for		Primary (** Conventio	•	Ge	oct 20 (M10)	in the State of	Jan 31 (YE) Runoff (12R)
		July 31 Mid-Ye Report (Non-ele Year Only) (MY Termination Re (TER)	ar ection ')	(d)	30-Day POST-Elec Report for	lii	General (30G)	Ru	unoff (30R)	in the	Special (30S)
5.	Covering	Period ^M	04	01	b / 201	ĬŹ	throug	h 00	j 30	0° ′ 2017	7	
	•	have examine Name of Trea				est of my kn V. TOWSE	_	nd belief it is	true, corre	ect and compl	ete.	
Si	gnature of	Treasurer	M	Ü	TL			<u>.</u>	Date	°07 ^м ′ 💍		2017
N	OTE: Subm	ssion of false, e	rroneous,	or inc	omplete info	rmation may	subject the	person signin	g this Repo	ort to the penal	ties of 52	2 U.S.C. § 30109
		ice se		Ì						FE	C FOF	RM 3X

SUMMARY	PAGE
OF RECEIPTS AND DIS	SBURSEMENTS

ı	OF F FEC Form 3X (Rev. 02/2003)	RECEIPTS AND DISBURSEMENTS	■ Page 2
W	/rite or Type Committee Name		. ugo =
_			
R	eport Covering the Period: From:	' 01° ' 2017 ' To	o: W06 MD 830° /Y 2017 Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		5,443.68
	(b) Cash on Hand at Beginning of Reporting Period	Δ ^{5,443.68}	
	(c) Total Receipts (from Line 19)	0	0
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5,443.68	Δ ^{5,443.68}
7.	Total Disbursements (from Line 31)	22. 22. 0	0
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5,443,68	5,443.68
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	273 1 273 1 273 1	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
_	This committee has qualified as a multicandi	date committee. (see FEC FORM 1M)	
	For	r further information contact:	
	ş	Federał Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

2017 07 07 03 00160947

DETAILED SUMMARY PAGE

oi neceipia	of	Receipts
-------------	----	----------

FEC Form 3X (Rev. 02/2003)	or rieceipts	Page 3
Write or Type Committee Name		
Report Covering the Period: From: MO		
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)	23 A	
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		425 425 425 425
(a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5)		A 275 A 225 A 4 575 A 4 575 A
(c) Total Transfers (add 18(a) and 18(b))		* A 273 A A 273 A
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	472 472 4	472 4 472
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶		

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-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Odicioda Tear to Sate
(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)	**************************************	
(400 001104410 1)		
26. Loan Repayments Made		
20. Loan Repayments Made		
O7 Leans Made		
27. Loans Made 28. Refunds of Contributions To:		
(a) Individuals/Persons Other		
Than Political Committees		
(b) Political Party Committees	4 1 175 1 4 175 1 4 175 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	473 <u>4 473</u>
(c) Other Political Committees		
(such as PACs)		
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))		1 49x 1 49x 1 1 49x 1 1 49x 1
29. Other Disbursements		
30. Federal Election Activity (52 U.S.C. § 3010	01(20))	
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share		
,,		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely		
With Federal Funds		1
(c) Total Federal Election Activity (add		
• •		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
21 Total Dishursoments (add Lines Offs) 00		
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)		
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	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	;	

sc	CHEDULE A (FEC Form 3X)	ı		FOR LINE NUMBER: PAGE OF							
	•		Use separate schedule(s)	(check only one)							
Ш	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12							
				13 14 15 16 17							
	y information copied from such Reports and States for commercial purposes, other than using the nar										
	NAME OF COMMITTEE (In Full)										
2	NXSTAGE MEDICAL INC. POLIT	ICAL A	ACTION COMMITTEE								
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt							
	Mailing Address			May / Dap / Askadak							
	City	State	Zip Code	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C .									
	Name of Employer O	ccupation	<u> </u>	Memo Item							
	Receipt For: Primary General Other (specify) ▼	ggregate	Year-to-Date ▼								
— В.	Full Name (Last, First, Middle Initial)			Date of Receipt							
	Mailing Address										
	City	State	Zip Code	Amount of Each Receipt this Period							
	rederal political committee.	c į									
	Name of Employer	ccupation		Memo Item							
	Receipt For: Primary General Other (specify) ▼	ggregate	Year-to-Date ▼								
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt							
	Mailing Address			M M / D D / Y Y Y Y Y Y							
	City	State	Zip Code	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C .									
	Name of Employer C	ccupation	1	Memo Item							
	Receipt For: Primary General Other (specify)	\ggregate	Year-to-Date ▼								
	SUBTOTAL of Receipts This Page (optional)			·							
	FOTAL This Period (last page this line number only	y)		<u> </u>							

SC	CHEDULE B (FEC Form 3X)		FC	DR	LINE N	IUMBEI				PAGE	- ()F	
ΤI	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			k only	one)					٦.٠٠		
		Detailed Summary Page		<u> </u>	21b 27	22 28a	-	23 28b	Н	24 28c	25 29	H	26 30b
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may not be sold or used ne and address of any political	by com	any	perso	n for th	e pui	rpose o	of so	liciting con	ontribu omm t	tions ee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)												
/	NXSTAGE MEDICAL INC. POLITIC	CAL ACTION COMMI	TT	EE	E								
_	Full Name (Last, First, Middle Initial)					P-11	-/ -						
۹.						Date	OT D	isburse	men	, 	2 √ 1	Y	
	Mailing Address					L.		L	ا	Ĺ			
	City	State Zip Code									•		
	Purpose of Disbursement				_	Amoi	int of	í Each	Dish	oursemer	nt this	Perio	d
	Candidate Name		Cate							V V			7
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼	- 1)	ype			Mem	no Item	1			SA.	1
	State: District:	Outor (specify) ▼											
В.						Date	of D	isburs	emer	nt	•	· •	
	Mailing Address					Ľ.		Ľ	لـ				
	City	State Zip Code					<u> </u>						
	Purpose of Disbursement	1		···	7	Amo	ınt o	f Fach	Diel	ourseme	nt this	Perio	nd
	Candidate Name		Cate	ego ype					, , , ,	403			٦
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)		ype			Mem	o Item)				
	State: District:												
C.	Full Name (Last, First, Middle Initial)					Date	of C	isburs	emei	nt , popus	√- √-∂-		
	Mailing Address						<u>"</u>	Ľ	لّ		1		
	City	State Zip Code				-			<u>-</u>				
	Purpose of Disbursement				7								
	Candidate Name		Cat	ego	ory/	Amo	unt o	t Each	n Dis	burseme	nt this	Perio	od
	Senate President	ment For: Primary General Other (specify) ▼		уре			Mem	no Item				**	
Г	State: District:								Ş <u>-</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
H	SUBTOTAL of Disbursements This Page (optional)				·· >					- 93 - B	-		
١.	TOTAL This Period (last page this line number only)			🕟	1.		_	_		3,(000.	UU

ANS		Use separate schedule(s) tor each category of the Detailed Summary Page FOR LINE 13 OF FORM	
ME OF COMMITTEE (In Fu	1)		
LOAN SOURCE Full Name	e (Last, First, Middle Ir	nitial)	Memo Item Election: Primary General
Mailing Address			Other (specify) ▼
City	State	zIP	Code
Original Amount of Loan	Cur	nulative Paymen	nt To Date Balance Outstanding at Close of This
- 		A	
Date Incurre	d M M	Date (Due Interest Rate Secured:
List All Endorsers or Guar	rantors (if any) to Loa	in Source	
1. Full Name (Last, First,			Name of Employer
Mailing Address	<u></u>		Occupation
City	State ZII	P Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, N	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State ZII	P Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, M	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State ZI	P Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, N	Middle Initial)		Name of Employer
Mailing Address		·	Occupation
City	State ZI	P Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This	s Page (optional)		
OTALS This Period (last page	ge in this line only)		

SCHEDULE C-1 (FEC Form 3X)

Supplementary for

AME OF COMMITTEE (In Full)		
AME OF COMMITTEE (III Full)		FEC IDENTIFICATION NUMBER
ENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
ull Name	 	
ailing Address		M - M / O - D / V - V - V - V - V
	Date Incurred or Established	
ity State Zip Code	Date Due	MVM / DVD / VVVVV
A. Has loan been restructured? No Yes	If yes, date originally incurr	ed
B. If line of credit,	Total	
Amount of this Draw:	Outstanding Balance:	
C. Are other parties secondarily liable for the debt	t incurred? itors must be reported on Schedule C	5.)
D. Are any of the following pledged as collateral for property, goods, negotiable instruments, certifications, accounts receivable, cash on deposit, on the last of the last o	ates of deposit, chattel papers,	What is the value of this collateral? Does the lender have a perfected security interest in it? No Yes
E. Are any future contributions or future receipts of	of interest income, pledged as	What is the estimated value?
collateral for the loan? No Yes II	If yes, specify:	1/2 1 1/2 1 1/2
A depository account must be established purs to 11 CFR 100.82(e)(2) and 100.142(e)(2).	suant Location of account:	
	Address:	
Date account established:		
Date account established:	City, State, Zip:	
F. If neither of the types of collateral described ab the loan amount, state the basis upon which the	pove was pledged for this loan, or if the	
F. If neither of the types of collateral described ab the loan amount, state the basis upon which the	pove was pledged for this loan, or if the	
F. If neither of the types of collateral described ab the loan amount, state the basis upon which the	pove was pledged for this loan, or if the	which it assures repayment.
F. If neither of the types of collateral described ab the loan amount, state the basis upon which the signature G. COMMITTEE TREASURER Typed Name Signature	pove was pledged for this loan, or if the	which it assures repayment.
F. If neither of the types of collateral described ab the loan amount, state the basis upon which the loan amount is grant to the loan agreement. H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUT II. To the best of this institution's knowledge are accurate as stated above. II. The loan was made on terms and conditions similar extensions of credit to other borro	TION: e, the terms of the loan and other info	DATE DATE ormation regarding the extension of the loan favorable at the time than those imposed for the control of the contr
F. If neither of the types of collateral described ab the loan amount, state the basis upon which the loan amount is gignature. H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUT. I. To the best of this institution's knowledge are accurate as stated above. II. The loan was made on terms and conditing similar extensions of credit to other borround. This institution is aware of the requirement complied with the requirements set forth	TION: e, the terms of the loan and other info	DATE DATE DATE Drmation regarding the extension of the loan favorable at the time than those imposed for the loan asis which assures repayment, and has
F. If neither of the types of collateral described ab the loan amount, state the basis upon which the loan amount is gignature. H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUT. I. To the best of this institution's knowledge are accurate as stated above. II. The loan was made on terms and conditing similar extensions of credit to other borrous in the loan was made on the requirement.	TION: e, the terms of the loan and other info	DATE DATE Drmation regarding the extension of the loan favorable at the time than those imposed for the loan asis which assures repayment, and has

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE OF	
DEBTS AND OBLIGATIONS scl		schedule(s) for each	FOR LINE NUMBER: (check only one) 9	
		numbered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)				
A. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor	Nature of D	Debt (Purpose):	
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period	
			293 8 4 293 8 6 500 8	
B. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature of I	Debt (Purpose):	
Mailing Address			·	
City State	Zip Code			
City State	Zip Code			
Outstanding Balance Beginning This Period	 			
		_		
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period	
		سعسا لسمحد	1_273_888573886238	
C. Full Name (Last, First, Middle Initial) of D	ebtor or Creditor	Nature of	Debt (Purpose):	
Mailing Address				
City	State Zip Code			
Outstanding Balance Beginning This Period	<u> </u>	I		
272 272 272 272 272				
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Perio	
1) SUBTOTALS This Period This Page (option	al)	>	5 <u></u>	
2) TOTALS This Period (last page this line nur	mber only)	<u>}</u>		
3) TOTAL OUTSTANDING LOANS from Sched	dule C (last page only)	>	\$ \$ \$ \$ \$ \$ \$ \$ -	
4) ADD 2) and 3) and carry forward to approp	riate line of Summary Page (last page of	only) ▶		

CHEDULE E (FEC Form 3				Dior of
EMIZED INDEPENDENT EXPENI	DITUKES			PAGE OF FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
				C
heck if 24-hour report 48-hour	r report New repo	ort Amends repo		, Codo ,
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address .			Amou	unt
City	State	Zip Code		A_2) A_B_A_3
Purpose of Expenditure		Category/ Type	Date	of Disbursement or Obligation
Name of Federal Candidate		Support Oppose	Office Sough	
Calendar Year-To-Date Per Election for Office Sought		Оррозе	Disburseme	nt For: Primary General
Full Name of Payee	(,)	☐ Memo	1.	Other (specify) and the of Public Distribution/Dissemination
				M 4 M / 0 4 0 / Y 4 Y 4 Y 4 Y
Mailing Address			Amo	punt
City	State	Zip Code		
Purpose of Expenditure		Category/	Date	e of Disbursement or Obligation
		Type	<u>┈</u> ┛│ <u></u> ┖	
Name of Federal Candidate		Support Oppose	Office Soug	· —
Calendar Year-To-Date Per Election for Office Sought	(2)		Disburseme	
(a) SUBTOTAL of Itemized Independen	* Evnonditure		h	Other (specify)
(d) SUBTUINE OF REHIRZOG INGOPERIORS	t Experiulures	•••••	··· • L	
(b) SUBTOTAL of Unitemized Independ	Jent Expenditures		·· • [
(c) TOTAL Independent Expenditures			··	225 4 4 21 4 4 2 4
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party com-	, any candidate or authorize	s reported herein were d committee or agent	not made in of either, or (i	cooperation, consultation, or concer if the reporting entity is not a politica
		Date	m m m	, <u>o • o</u> , y • y • y
Signature			لسكسيا	

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

ON BEHALF OF CANDIDATES FOR FED	F	PAGE OF	
(To be used only	by Political Committees in the Gene	ral Election)	OR 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	Full Name of Subordinate Committee		
If YES, name the designating committee:	Mailing Address City	State	ZIP Code
	City		
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expen	Category/
Mailing Address		Date	Туре
City State	Zip Code	м м / Б	D / Ÿ*Ÿ*Ÿ*Ÿ
Name of Federal Candidate Supported Office Sough	House State:	Amount	
Aggregate General Election Expenditure for this Candidate		/ / / / / / / / / / / / / / / / / / /	
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expen	Category/
Mailing Address		Date	Туре
City State	·	M / E) Y Y Y Y Y
Name of Federal Candidate Supported Office Soug	ht:	Amount	
Aggregate General Election Expenditure for this Candidate ▶	2)>		**************************************
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Exper	Category/
Mailing Address		Date	Туре
City State	Zip Code	M M / C	O / Y • Y • Y • Y
Name of Federal Candidate Supported Office Soug	ht:	Amount	42.
Aggregate General Election Expenditure for this Candidate ▶	72	J.	
SUBTOTAL of Expenditures This Page (optional)			75
TOTAL This Period (last page this line number only)	>	-775	-3)5

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	
l la companya di managantan di managantan di managantan di managantan di managantan di managantan di managanta	
Nonfederal%	
Nonfederal% This ratio applies to (check all that apply):	

SCHEDULE H2 (FEC Form 3X)

PAGE OF

ALLOCATION RATIOS 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. ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % **ACTIVITY IS:** Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: Direct Candidate Support Fundraising CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New Same as Previously Reported

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

PAGE	OF	
Į.		

				FOR LINE 18a OF FORM 3X
ME (OF COMMITTEE (In Full)			
NAM	IE OF ACCOUNT	DATE OF RECEIPT	TOTAL	MOUNT TRANSFERRED
IVAIV	IE OF ACCOUNT	DATE OF RECEIPT	IOIAL A	MOUNT TRANSFERRED
,				
BRE	AKDOWN OF TRANSFER RECEIVED			
1)	Total Administrative			
in	Generic Voter Drive			
'''	delicità voter bilve		·····	
	Exempt Activities		-	
""	Exempt Activities		·····	
iv)	Direct Fundraising (List Activity or Event Ide	ntifier)		
l				
	a)			
ļ		Sandania Sa		
1	b)			
}	c) Total Amount Transferred For Direct Fundr	aising		
Ì		·		
v)	Direct Candidate Support (List Activity or E	vent Identifier)		
				
Ì	a)	·		
ł	b)	· · · · · · · · · · · · · · · · · · ·		
	c) Total Amount Transferred For Direct Candi	date Support		
<u> </u>				
vi) Public Communications Referring Only to	Party (Made by PAC)		
	TOTAL S. E.	OR BREAKDOWN OF TRANSFER REC	CEIVED	
	TOTALST	ON BREAKBOWN OF TRANSFER HE		
ΟΤΔΙ	L This Period (Administrative)			7
V 17.	·			
rOTA I	This Beried (Generic Veter Drive)			
UIAI	L This Period (Generic Voter Drive)	<u> </u>		<u> </u>
-074	This David (France A Astronomy)		A 5	7.7.7
IOIA	L This Period (Exempt Activities)			<u></u>
TOTA	L This Period (Direct Fundraising)			
		Γ		
TOTA	L This Period (Direct Candidate Support)			
TOTA	L This Period (Public Communications Referring	Only to Party)		
			<u></u>	
ΓΟΤΑ	L This Period (Total Amount Transferred)			

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

PAGE	OF		
EOR LIN	IF 21a OF	FORM	2 >

Name (Last, First, Middle Initial) ng Address ose of Disbursement: ity or Event Identifier: FEDERAL SHARE Name (Last, First, Middle Initial) ng Address ose of Disbursement: vity or Event Identifier:	State +	Zip Code NONFEDERAL Zip Code	Category/ Type SHARE Memo Item	Administrative Fundraising Exem Voter Drive Direct Candidate Suppo Public Comm (ref to party only) by PAC
rity or Event Identifier: FEDERAL SHARE Name (Last, First, Middle Initial) Ing Address Ose of Disbursement:	+	NONFEDERAL	Type SHARE	Voter Drive Direct Candida:e Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exem Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
FEDERAL SHARE Name (Last, First, Middle Initial) ng Address ose of Disbursement:	+	NONFEDERAL	Type SHARE	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exem Voter Drive Direct Candidate Suppo
FEDERAL SHARE Name (Last, First, Middle Initial) ng Address ose of Disbursement:	+	NONFEDERAL	Type SHARE	Allocated Activity or Event Year-To-Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exem Voter Drive Direct Candidate Suppo
FEDERAL SHARE Name (Last, First, Middle Initial) ng Address ose of Disbursement:		772 8 772	Type SHARE	Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exem Voter Drive Direct Candidate Suppo
FEDERAL SHARE Name (Last, First, Middle Initial) ng Address ose of Disbursement:		772 8 772	Type SHARE	TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exem Voter Drive Direct Candidate Suppo
Name (Last, First, Middle Initial) ng Address ose of Disbursement:		772 8 772		Allocated Activity or Event: Administrative Fundraising Exem Voter Drive Direct Candidate Suppo Public Comm (ref to party only) by PAC
ng Address ose of Disbursement:	State	Zip Code	Memo Item	Administrative Fundraising Exem Voter Drive Direct Candidate Suppo Public Comm (ref to party only) by PAC
ng Address ose of Disbursement:	State	Zip Code	☐ Memo Item	Administrative Fundraising Exem Voter Drive Direct Candidate Suppo Public Comm (ref to party only) by PAC
ose of Disbursement:	State	Zip Code		Voter Drive Direct Candidate Suppo
	State	Zip Code		The second secon
			1	
rity or Event Identifier:				Allocated Activity or Event Year-To-Date
			┤ └ ───┤	2)
			Category/ Type	Date Date
FEDERAL SHARE	+	NONFEDERA	L SHARE	= TOTAL AMOUNT
A 475 A 4 575 A 4 575 A				
Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event: Administrative Fundraising Exem
ng Address				Voter Drive Direct Candidate Suppo
	State	Žip Code		Public Comm (ref to party only) by PAC
ose of Disbursement:				Allocated Activity or Event Year-To-Date
vity or Event Identifier:			Category/	
			Туре	Date
FEDERAL SHARE	+	NONFEDERA	L SHARE	= TOTAL AMOUNT
	•	•	011485	TOTAL MACUNIT
FEDERAL SMARE	ו†ריי	NONFEDERAL	LSHARE	= TOTAL AMOUNT
)(Federal sh	nare to 21(a)(i) ar NONFEDERAL		hare to 21(a)(ii)) TOTAL AMOUNT
	ose of Disbursement: ity or Event Identifier: FEDERAL SHARE FAL of Allocated Federal and NonFederal SHARE This Period (last page for each line only	State ose of Disbursement: ity or Event Identifier: FEDERAL SHARE FAL of Allocated Federal and NonFederal Activity The FEDERAL SHARE + FEDERAL SHARE	State Zip Code ose of Disbursement: ity or Event Identifier: FEDERAL SHARE + NONFEDERA TAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERA This Period (last page for each line only)(Federal share to 21(a)(i) ar	State Zip Code ose of Disbursement: ity or Event Identifier: Category/ Type FEDERAL SHARE + NONFEDERAL SHARE TAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL SHARE This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal s

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 FORM 3X
NAME OF COMMITTEE (In Full)	
NAME OF ACCOUNT DATE OF RECEIPT M M M / D D / V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration Total Amount Transferred for Voter Registration	ION
ii) Voter ID Total Amount Transferred for Voter ID	ER ID
lii) 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
BREAKDOWN OF THIS TRANSFER	201
i) Voter Registration Total Amount Transferred for Voter Registration	ION
	ER ID
iii) GOTV Total Amount Transferred for GOTV	GOTV
iv) Generic Campalgn Activity Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Las	t Page Only)
TOTAL This Period (Voter Registration)	
TOTAL This Period (Voter ID)	
TOTAL This Period (GOTV)	3_0_1_1_13
TOTAL This Period (Generic Campaign Activity)	
TOTAL This Period (Total Amount of Transfers Received)	

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

FAGE	OF
	** AF FABULAY
LEOR LINE	30a OF FORM 3X

		l
AME OF COMMITTEE (In Full)		
<u> </u>		
A. Full Name (Last, First, Middle Initial) / Full Organization Name	☐ Memo Item	Type of Allocated Activity or Event:
		Voter Registration GOTV Voter ID Generic Campaign
		All and the first terms of the f
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		73-4-17-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Purpose of Disbursement		Mam / Dag / Agadad
Traipose of Disputsoment	Category/ Type	Date
FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	☐ Memo Item	Type of Allocated Activity or Event:
	Wellio Reili	Voter Registration GOTV
		Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		
Only State 2.p code		
Purpose of Disbursement	Category/	Date Date
FEDERAL SHARE + LEVIN	Type SHARE	= TOTAL AMOUNT
TEDETIAL STATE	OTACLE TO SERVICE TO S	- TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	☐ Memo Item	
		Voter Registration GOTV Voter ID Generic Campaigr
		Allocated Activity or Event Year-To-Date
Mailing Address		Allocated Activity of Event Teal-10-Date
City State Zip Code	أستحسا	
Purpose of Disbursement		May / Long / Long Androw
	Category/ Type	Date
FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
		
FOTAL 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
I EVIN	SHARE	
TOTAL This Period for the Levin Share		
The state of the Levill Office		_ _ _

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

NAM	E OF COMMITTEE (In Full)		·
NAM	E OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		- 192 192 192 192 192 192 192 192 192 192 192 - 19
	(b) Unitemized		773-6-273-6
	(c) Total	172 A 4 273 A 4 273 A	
2.	OTHER RECEIPTS	272 272 2 272 2	2724 2734 2234
3.	TOTAL RECEIPTS(Add Lines 1c and 2)		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		272-1-2
	(b) Voter ID		
	(c) GOTV	- 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19	
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		<u> </u>
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		272 4 2
8.	RECEIPTS(from Line 3)	N 8 - 472 N 8 - 272 N 1 - 272 N	
9.	SUBTOTAL(Add Lines 7 and 8)	<u> </u>	
10.	DISBURSEMENTS(From Line 6)		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		7_6_7_6_

SCHEDULE L-A (FEC Form 3X)

PAGE ЭF Use separate schedule(s)

TEMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: 1a 2
Any information copied from such Reports and Statements may not for commercial purposes, other than using the name and address.		
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) / Full Organization Name	☐ Memo Item	Date of Receipt
Mailing Address		
City	ate Zip Code	Amount of Each Receipt this Pericd
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		472-4-42-4
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
Mailing Address		W.Y.M. / Q.H.Q. / V.H.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.
	75-0-4-	Amount of Each Receipt this Period
City Sta	ate Zip Code	# # 412
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		1 1 1 1 2 1 1 1 1 2 1 1
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
Mailing Address		
City Sta	ate Zip Code	Amount of Each Receipt this Pericd
Name of Employer or Principal Place of Business		
		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name D.	☐ Memo Item	Date of Receipt
Mailing Address		
City	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
SUBTOTAL of Receipts This Page (optional)	•	493 4 493 4 493
TOTAL This Period (last page this line number only)	•	

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

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

5 Aggregation Page OF LEVIN FUNDS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item 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 ☐ Memo Item В. 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 ☐ Memo Item 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 ☐ Memo Item D. Date of Disbursement Mailing Address City Zip Code State Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item 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).....

Kristen Grogan Senior Corporate Paralegal

NxStage Medical, Inc. 350 Merrimack Street Lawrence, MA 01843 USA www.nxstage.com

Direct 978-655-2041 Cell 978-687-4805 Main 978-687-4700 Email kgrogan@nxstage.com

Extremely Urgent

Visit **ups.com®** or call **1-800-PICK-UPS®** (1-800-742-5877)

to schedule a pickup or find a drop off location near you

correspondence, urgent documents, and/or electronic media, and must weigh 8 oz. or less. UPS Express Envelopes containing items other than those listed or weighing more than 8 oz. will be billed by weight.

. To qualify for the Letter rate, UPS Express Envelopes may only contain

Domestic Shipments

This envelope is for use with the following services:

UPS Worldwide Express"

UPS 2nd Day Air®

UPS Next Day Air®

NXSTAGE MEDICAL, INC. (978) 687—4700 NXSTAGE MEDICAL, INC. 350 MERRIMACK ST LAWRENCE MA 01843—1748

side.

R

DC 20463 FEDERAL ELECTION COMMISSION WASHINGTON (978) 655-2041 999 E STREET NW SHIP TO

TRACKING #: 12 068 A9R 02 7404 5874 **UPS 2ND DAY AIR**

201] JUL WB 19.0.24 Zehra 2P 450 87.0A 04/2017 BILLING: P/P REF 1:73

International Shipments

The UPS Express Envelope may be used only for documents of no commercial
value. Certain countries consider electronic media as documents. Visit
ups.com/importexport to verify if your shipment is classified as a document.

To qualify for the Letter rate, the UPS Express Envelope must weigh 8 oz. or less. UPS Express Envelopes weighing more than 8 oz. will be billed by weight.

Note: Express Envelopes are not recommended for shipments of electronic media containing sensitive personal information or breakable items. Do not send cash

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.		
Hand Delivered	Date of Receipt	
USPS First Class Mail	Date of Receipt	
USPS Registered/Certified	Postmarked (R/C)	
USPS Priority Mail	Postmarked	
	Postmarked	
USPS Priority Mail Express		
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date 7/5/2017 Next Business Day Delivery	
Date of Receipt Received from House Records & Registration Office		
Received from Senate Public Records Of		
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	Date of Receipt or Postmarked	
PREPARER MP	7/7/2017	
(3/2015)	DATE PREPARED	