

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2017 JUL -7 PM 12:59
Office Use Only

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

NXSTAGE MEDICAL INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 350 MERRIMACK STREET

Check if different than previously reported. (ACC) LAWRENCE MA 01843

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00463745

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☒ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M 04 01 / 2017 through M 06 30 / 2017

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

MATT

Date

M 07 / 05 / 2017

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

Office Use Only							
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FEC FORM 3X
Rev. 12/2004

2017-07-07 00:16:05

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

04 / 01 / 2017

To:

06 / 30 / 2017

	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.....	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	5,443.68
7. Total Disbursements (from Line 31)	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)		
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

2017-07-07 PM 00:10:00 419

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Report Covering the Period:

From:

M 04 / D 01 / Y 2017

To:

M 06 / D 30 / Y 2017

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).....▶

2017-07-07 00:19:06 7

Page 4

COLUMN B
Calendar Year-to-Date

-

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

2017-07-03 00:16:49

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

NXSTAGE MEDICAL INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Memo Item <input type="checkbox"/>
B. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Memo Item <input type="checkbox"/>
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Memo Item <input type="checkbox"/>
SUBTOTAL of Receipts This Page (optional)..... ▶		
TOTAL This Period (last page this line number only)..... ▶		

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 COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Date of Disbursement <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
			Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <input type="checkbox"/> Memo Item	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Category/ Type <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Date of Disbursement <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
			Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <input type="checkbox"/> Memo Item	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Category/ Type <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Date of Disbursement <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
			Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <input type="checkbox"/> Memo Item	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Category/ Type <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

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

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

3,000.00

SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

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

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

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

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

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

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

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

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

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

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

% (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)		FEC IDENTIFICATION NUMBER C _____	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address		Date Incurred or Established ____/____/____	____/____/____
City	State	Zip Code	Date Due ____/____/____
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred ____/____/____	
B. If line of credit, Amount of this Draw: _____		Total Outstanding Balance: _____	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____ 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? _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: ____/____/____		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. _____			
G. COMMITTEE TREASURER Typed Name Signature		DATE ____/____/____	
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 ____/____/____	
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)

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) ►

2017-03-08 16:05:54

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>	

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>
Mailing Address		Amount <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
City	State	Zip Code
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>
Mailing Address		Amount <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
City	State	Zip Code
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	►	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	►	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....	►	<div style="border: 1px solid black; width: 100%; height: 20px;"></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

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

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

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)	<input type="checkbox"/> Check if 24-hour notice
-----------------------------	---

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 <input type="checkbox"/> Memo Item	Purpose of Expenditure
Mailing Address	Category/Type
City State Zip Code	Date
Name of Federal Candidate Supported Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶	
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item	Purpose of Expenditure
Mailing Address	Category/Type
City State Zip Code	Date
Name of Federal Candidate Supported Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶	
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item	Purpose of Expenditure
Mailing Address	Category/Type
City State Zip Code	Date
Name of Federal Candidate Supported Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶	

SUBTOTAL of Expenditures This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

2017-07-07 00:10:00

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

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

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

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

or

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

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

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

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

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

Methods of allocation:

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

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

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

PAGE OF
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

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

a)

b)

c) Total Amount Transferred For Direct Candidate Support

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

2017-07-07 00:00:00

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

PAGE OF
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
City State Zip Code			
Purpose of Disbursement:			
Activity or Event Identifier:			
		Date M M M / D D D / Y Y Y Y Y Y	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
City State Zip Code			
Purpose of Disbursement:			
Activity or Event Identifier:			
		Date M M M / D D D / Y Y Y Y Y Y	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
City State Zip Code			
Purpose of Disbursement:			
Activity or Event Identifier:			
		Date M M M / D D D / Y Y Y Y Y Y	

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)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

99999999999999999999

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

99999999999999999999

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID

99999999999999999999

iii) GOTV

GOTV

Total Amount Transferred for GOTV

99999999999999999999

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity

99999999999999999999

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

99999999999999999999

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

99999999999999999999

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID

99999999999999999999

iii) GOTV

GOTV

Total Amount Transferred for GOTV

99999999999999999999

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity

99999999999999999999

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

99999999999999999999

TOTAL This Period (Voter ID)

99999999999999999999

TOTAL This Period (GOTV).....

99999999999999999999

TOTAL This Period (Generic Campaign Activity).....

99999999999999999999

TOTAL This Period (Total Amount of Transfers Received).....

99999999999999999999

2017-07-07 00:16:06-1

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

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

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

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

☐
Category/
Type

Purpose of Disbursement

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:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

☐
Category/
Type

Purpose of Disbursement

Date

☐ / ☐ / ☐

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

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

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

☐
Category/
Type

Purpose of Disbursement

Date

☐ / ☐ / ☐

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

LEVIN SHARE

TOTAL AMOUNT

TOTAL This Period for the Levin Share

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

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

FOR LINE NUMBER: ☐ 1a ☐ 2

NAME OF COMMITTEE (In Full)

FEC Schedule L-A (Form 3X) Rev. 12/2015

2017-07-03-00160964



Kristen Grogan
Senior Corporate Paralegal

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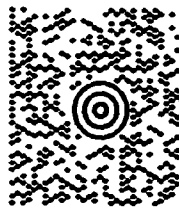
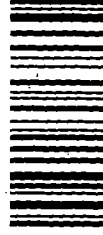
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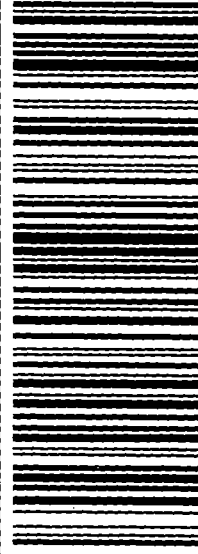
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