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FEC
FORM 3XREPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

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)

439 South Union St 5th Floor

Check if different
than previously
reported. (ACC)

Lawrence

MA

01832-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00463745

3. IS THIS
REPORTNEW
(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

in the
State of

M M / D D / Y Y Y Y

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

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

M M / D D / Y Y Y Y

5. Covering Period

11 / 23 / 2010

through

12 / 31 / 2010

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 Robert S. Brown

Signature of Treasurer

Date

01 / 25 / 2011

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

Office
Use
OnlyFEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ms Stage Medical, Inc. Political Action Committee

Report Covering the Period:

From:

11 ' 23 ' 2010

To:

12 ' 31 ' 2010

**COLUMN A
This Period**

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

6. (a) Cash on Hand
January 1,

2010

913.68

(b) Cash on Hand at
Beginning of Reporting Period.....

3,443.68

(c) Total Receipts (from Line 19)

-

7,030.00

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

3,443.68

7,943.68

7. Total Disbursements (from Line 31)

-

4,500.00

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

3,443.68

3,443.68

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Nx Stage Medical, Inc. Political Action Committee

Report Covering the Period:

From:

11' 23' 2010

To:

12' 31' 2010

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).....

-

7 0 0 0 . .

(ii) Unitemized.....

-

7 0 0 0 . .

(iii) TOTAL (add
Lines 11(a)(i) and (ii)).....▶

-

7 0 0 0 . .

(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).....▶

-

7 0 0 0 . .

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.).....

-

3 0 . .

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)).....▶

0 0

7 0 3 0 . .

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

0 0

7 0 3 0 . .

FEC Form 3X (Rev. 02/2003)

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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

[illegible]

FE6AN026

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		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)
Nx Stage Medical, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/>
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer	Occupation	<i>NONE</i>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/>
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer	Occupation	<i>NONE</i>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/>
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer	Occupation	<i>NONE</i>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

11030554961

**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

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

NONE

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

NONE

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

NONE


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

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

0.00

11030554952

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <u>1/26/11</u>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	<u>1/31/11</u>
PREPARER	DATE PREPARED

(3/2005)

11030554963