

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2018 JUL 12 AM 9:38

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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

5. Covering Period

04

01

2018

through

06

30

2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

MATTHEW W. TOWSE

Signature of Treasurer

*Matthew W. Towse*

Date

07

DD

2018

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

**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

04 / 01 / 2018

To:

06 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		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

2018-07-12 PM 00:14:00

**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 2018

To:

M 06 / D 30 / Y 2018

**I. Receipts**

**COLUMN A**  
Total This Period

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

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized .....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees .....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other  
Party Committees.....

13. All Loans Received .....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3) .....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

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

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## **II. Disbursements**

**COLUMN A**  
Total This Period

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

21. Operating Expenditures:  
(a) Allocated Federal/Non-Federal  
Activity (from Schedule H4)

(i) Federal Share .....

(ii) Non-Federal Share .....

(b) Other Federal Operating  
Expenditures .....

(c) Total Operating Expenditures  
(add 21(a)(i), (a)(ii), and (b)) .....

22. Transfers to Affiliated/Other Party  
Committees .....

23. Contributions to  
Federal Candidates/Committees  
and Other Political Committees .....

24. Independent Expenditures  
(use Schedule E) .....

25. Coordinated Party Expenditures  
(52 U.S.C. § 30116(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 (52 U.S.C. § 30101(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) .....

NOTICE: ON LINE ONLY CONTINUED

# **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>

NOT TO BE FILLED IN

**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

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/>
Aggregate Year-to-Date ▼		<input type="checkbox"/> Memo Item
<input type="text"/>		

Full Name (Last, First, Middle Initial)

<b>B.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/>
Aggregate Year-to-Date ▼		<input type="checkbox"/> Memo Item
<input type="text"/>		

Full Name (Last, First, Middle Initial)

<b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<input type="text"/>
Aggregate Year-to-Date ▼		<input type="checkbox"/> Memo Item
<input type="text"/>		

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

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

<input type="text"/>
<input type="text"/>

2018-07-12 PM 00:18:00

**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.

Date of Disbursement

Mailing Address

/  /

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

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

☐ Memo Item

State: District:

B.

Date of Disbursement

Mailing Address

/  /

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

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

☐ Memo Item

State: District:

C.

Date of Disbursement

Mailing Address

/  /

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

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

☐ Memo Item

State: District:

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

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

# SCHEDULE C (FEC Form 3X)

## LOANS

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

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

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:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (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)		<b>FEC IDENTIFICATION NUMBER</b> C _____	
<b>LENDING INSTITUTION (LENDER)</b> 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**

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)▶	

2010-01-12 09:00:00

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

PAGE      OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER ▼

C

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

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

Full Name of Payee

☐ Memo Item

Date of Public Distribution/Dissemination

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

Mailing Address

Amount

City

State

Zip Code

Date of Disbursement or Obligation

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

Purpose of Expenditure

Category/  
Type

Name of Federal Candidate

☐ Support

☐ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☐ President

☐ Senate

State: \_\_\_\_\_

Calendar Year-To-Date  
Per Election for Office Sought

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

Full Name of Payee

☐ Memo Item

Date of Public Distribution/Dissemination

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

Mailing Address

Amount

City

State

Zip Code

Date of Disbursement or Obligation

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

Purpose of Expenditure

Category/  
Type

Name of Federal Candidate

☐ Support

☐ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☐ 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..... ►

(c) TOTAL Independent Expenditures..... ►

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

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

# SCHEDULE F (FEC Form 3X)

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

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

PAGE OF  
FOR 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

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

☐ Memo Item

Purpose of Expenditure

Category/  
Type

Mailing Address

Date

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Amount

Aggregate General Election  
Expenditure for this Candidate ▶

Full Name (Last, First, Middle Initial) of Each Payee

☐ Memo Item

Purpose of Expenditure

Category/  
Type

Mailing Address

Date

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Amount

Aggregate General Election  
Expenditure for this Candidate ▶

Full Name (Last, First, Middle Initial) of Each Payee

☐ Memo Item

Purpose of Expenditure

Category/  
Type

Mailing Address

Date

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Amount

Aggregate General Election  
Expenditure for this Candidate ▶

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)

**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> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>

PAGE	OF
FOR LINE 18a OF FORM 3X	

NAME OF ACCOUNT



**i) Total Administrative .....**

**ii) Generic Voter Drive .....**

iii) Exempt Activities.....

A diagram of a rectangular frame structure. It consists of 12 vertical members and 2 horizontal members. The vertical members are arranged in two rows of six. The horizontal members are at the top and bottom. The frame is shown in a perspective view, with the top and bottom members slightly offset to show the depth of the structure.

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.....

A diagram of a rectangular frame with 12 nodes. The nodes are numbered 1 through 12. Nodes 1, 2, 3, and 4 are along the top edge, nodes 5, 6, 7, and 8 are along the bottom edge, and nodes 9, 10, 11, and 12 are along the right edge. The left edge is open.

vi) **Public Communications Referring Only to Party** (Made by PAC) .....**TOTAL This Period (Administrative)**.....

\_\_\_\_\_

**TOTAL** This Period (Generic Voter Drive) .....

A diagram of a rectangular frame. The top edge has 12 dots, and the bottom edge has 12 dots. The dots are arranged in two horizontal rows of 12 dots each, with the top row slightly offset to the left relative to the bottom row.

**TOTAL This Period (Exempt Activities).....**

A diagram of a rectangular frame structure. It consists of 12 vertical bars and 2 horizontal bars. The top horizontal bar is labeled 1, the bottom horizontal bar is labeled 2, and the vertical bars are labeled 3 through 12 from left to right. The bars are arranged in a grid pattern.

**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)**.....

A diagram of a rectangular frame with 12 vertical bars. The top and bottom bars are continuous. The middle section is divided into three equal horizontal segments by two vertical bars. Each segment contains two vertical bars, one on the left and one on the right, connected by a horizontal bar. The bars are labeled with numbers 1 through 12.

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

PAGE      OF  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

<b>A. Full Name (Last, First, Middle Initial)</b> <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier:			<input type="checkbox"/> 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 Allocated Activity or Event Year-To-Date Date
FEDERAL SHARE      +      NONFEDERAL SHARE      =      TOTAL AMOUNT			
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> </div>			

<b>B. Full Name (Last, First, Middle Initial)</b> <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier:			<input type="checkbox"/> 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 Allocated Activity or Event Year-To-Date Date
FEDERAL SHARE      +      NONFEDERAL SHARE      =      TOTAL AMOUNT			
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> </div>			

<b>C. Full Name (Last, First, Middle Initial)</b> <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier:			<input type="checkbox"/> 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 Allocated Activity or Event Year-To-Date Date
FEDERAL SHARE      +      NONFEDERAL SHARE      =      TOTAL AMOUNT			
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> </div>			

**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

### BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) **Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

iii) **GOTV**

Total Amount Transferred for GOTV .....

GOTV

iv) **Generic Campaign Activity**

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

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

### BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) **Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

iii) **GOTV**

Total Amount Transferred for GOTV .....

GOTV

iv) **Generic Campaign Activity**

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

GENERIC CAMPAIGN ACTIVITY

### TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

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

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

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

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

2018-07-12 PM 00:11:00

**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

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Allocated Activity or Event Year-To-Date

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Allocated Activity or Event Year-To-Date

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Allocated Activity or Event Year-To-Date

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

2018-07-12 PM 00:18:01

**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)		

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a

☐ 2

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)

<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period _____ Aggregate Year-to-Date _____	
City	State		Zip Code
Name of Employer or Principal Place of Business			
Occupation			
<b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period _____ Aggregate Year-to-Date _____	
City	State		Zip Code
Name of Employer or Principal Place of Business			
Occupation			
<b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period _____ Aggregate Year-to-Date _____	
City	State		Zip Code
Name of Employer or Principal Place of Business			
Occupation			
<b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period _____ Aggregate Year-to-Date _____	
City	State		Zip Code
Name of Employer or Principal Place of Business			
Occupation			
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ _____	
<b>TOTAL</b> This Period (last page this line number only).....		_____ _____	

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

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

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5	
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d		

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

A.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

☐ Memo Item

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

☐ Memo Item

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

☐ Memo Item

D.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

☐ Memo Item

E.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2018-07-12 00:18:05

...

010195101 1/10 PAC United Parcel Service, Louisville, KY.

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 Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date UPS 7/10/2018 Next Business Day Delivery <input checked="" 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
PREPARER <i>MP</i>	7/12/2018 DATE PREPARED

(3/2015)