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Aug. 14, 2003
DATE

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Marc B. Samuels					
2. Address <input type="checkbox"/> Check if different than previously reported 823 Congress, Suite 900					
3. Principal Place of Business (if different from line 2) City: Austin		State/Zip (or Country) TX 78701			
4. Contact Name Linda Gause		Telephone		E-mail (optional)	
7. Client Name <input type="checkbox"/> Self NxStage Medical Inc.				5. Senate ID #	
				6. House ID # 35	

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-D

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date 06/30/03

11. No Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for descriptive</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature _____



Printed Name and Title _____ Marc B. Samuels

LD-2 (REV. 6/98)

Registrant Name Marc B. Samuels Client Name NxStage Medical Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

HR 1759

17. House(s) of Congress and Federal agencies contacted

Check if None

House Ways and Means Committee
Senate Finance Committee
House Appropriations Committee
Senate Appropriations Committee

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Marc B. Samuels	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature  Date 08/04/03

Printed Name and Title Marc B. Samuels

Form LD-2 (Rev. 6/98)

Registrant Name Marc B. Samuels Client Name NxStage Medical Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

HR 1759


17. House(s) of Congress and Federal agencies contacted Check if None

Center for Medicare and Medicaid Services
Office of Management and Budget

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Marc B. Samuels	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 08/04/03

Printed Name and Title Marc B. Samuels

Form LD-2 (Rev. 6/98)

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