

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		184837.81
(b) Cash on Hand at Beginning of Reporting Period.....	199261.05	
(c) Total Receipts (from Line 19)	5297.66	61726.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	204558.71	246564.71
7. Total Disbursements (from Line 31).....	7500.00	49506.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	197058.71	197058.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

Write or Type Committee Name

ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

Report Covering the Period: From: / / To: / /

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).....	4426.66	52464.90
(ii) Unitemized	871.00	9262.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5297.66	61726.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5297.66	61726.90
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5297.66	61726.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5297.66	61726.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	44500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	5006.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7500.00	49506.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	49506.00

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)	5297.66	61726.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5297.66	61726.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

Full Name (Last, First, Middle Initial) A. Scott Arthur		Date of Receipt 10 / 31 / 2014 Transaction ID : SA11AI.5399
Mailing Address 8349 Trinity Road		Amount of Each Receipt this Period 50.00
City Cordova	State TN	Zip Code 38018
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Abiomed, Inc.	Occupation Heart Recovery Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Steven Balk		Date of Receipt 10 / 31 / 2014 Transaction ID : SA11AI.5401
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 60.00
City Danvers	State MA	Zip Code 01923
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Individual Contribution	Occupation Director of Clinical Training	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. Karim Benali		Date of Receipt 10 / 31 / 2014 Transaction ID : SA11AI.5403
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 200.00
City Danvers	State MA	Zip Code 01923
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Abiomed, Inc.	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	310.00
TOTAL This Period (last page this line number only).....▶	

**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 7 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

A. William Bolt
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Dartmouth Street
 City State Zip Code
 Beverly MA 01915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Abiomed Inc. Sr Vice President, Quality
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.5404
 Amount of Each Receipt this Period
 400.00
 Individual Contribution

B. Edina Bonassin-Napoli
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 St. Paul Street
 City State Zip Code
 Brookline MA 02446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Abiomed, Inc. Cardiology Account Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.5405
 Amount of Each Receipt this Period
 50.00
 Individual Contribution

C. Robert Bowen
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Cherry Hill Drive
 City State Zip Code
 Danvers MA 01923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Abiomed, Inc. Chief Financial Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3083.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.5407
 Amount of Each Receipt this Period
 200.00
 Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

**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 8 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

A. Matt Brown
Full Name (Last, First, Middle Initial)

Mailing Address 4764 Eddleman Drive

City Keller State TX Zip Code 76244

FEC ID number of contributing federal political committee. **C**

Name of Employer Abiomed, Inc. Occupation Clinical Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5408

Amount of Each Receipt this Period 40.00

Individual Contribution

B. Todd Burke
Full Name (Last, First, Middle Initial)

Mailing Address 22 Cherry Hill Drive

City Danvers State MA Zip Code 01923

FEC ID number of contributing federal political committee. **C**

Name of Employer Abiomed, Inc. Occupation Surgery Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5409

Amount of Each Receipt this Period 40.00

Individual Contribution

C. Michael Cotter
Full Name (Last, First, Middle Initial)

Mailing Address 15 Kelch Road

City Reading State MA Zip Code 01867

FEC ID number of contributing federal political committee. **C**

Name of Employer Abiomed, Inc. Occupation Electronics Technician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5412

Amount of Each Receipt this Period 50.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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

**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 9 OF 19
<input checked="" 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

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NAME OF COMMITTEE (In Full)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

Full Name (Last, First, Middle Initial) A. Beverly Courington		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014 Transaction ID : SA11AI.5414
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 130.00
City Danvers State MA Zip Code 01923	FEC ID number of contributing federal political committee. C	Individual Contribution
Name of Employer Abiomed, Inc. Occupation Key Account Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00

Full Name (Last, First, Middle Initial) B. Sara Cutting		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014 Transaction ID : SA11AI.5416
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 40.00
City Danvers State MA Zip Code 01923	FEC ID number of contributing federal political committee. C	Individual Contribution
Name of Employer Abiomed, Inc. Occupation Clinical Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00

Full Name (Last, First, Middle Initial) C. Lillian Garcia-Palmer		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014 Transaction ID : SA11AI.5420
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 150.00
City Danvers State MA Zip Code 01923	FEC ID number of contributing federal political committee. C	Individual Contribution
Name of Employer Abiomed, Inc. Occupation Director of Marketing	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

**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 10 OF 19
<input checked="" 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

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NAME OF COMMITTEE (In Full)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

Full Name (Last, First, Middle Initial) A. Eric Gelinac		Date of Receipt 10 / 31 / 2014 Transaction ID : SA11AI.5421
Mailing Address 29 West Hayward Avenue		Amount of Each Receipt this Period 50.00
City Phoenix	State AZ	Zip Code 85021
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Abiomed, Inc.	Occupation Cardiology Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Matthew Generalovich		Date of Receipt 10 / 31 / 2014 Transaction ID : SA11AI.5422
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 50.00
City Danvers	State MA	Zip Code 01923
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Abiomed, Inc.	Occupation Circulatory Support Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Andrew Greenfield		Date of Receipt 10 / 31 / 2014 Transaction ID : SA11AI.5425
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 400.00
City Danvers	State MA	Zip Code 01923
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Abiomed, Inc.	Occupation Vice President, Healthcare Solutions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

**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 11 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

A. Sherri Kaiman
 Full Name (Last, First, Middle Initial)
 Mailing Address N36 W5558 Hamilton Road
 City Cedarburg State WI Zip Code 53012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Regional Director of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5432
 Amount of Each Receipt this Period 100.00
 Individual Contribution

B. Raymond Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Cherry Hill Drive
 City Danvers State MA Zip Code 01923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5435
 Amount of Each Receipt this Period 100.00
 Individual Contribution

C. Roy Kratman
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Cherry Hill Drive
 City Danvers State MA Zip Code 01923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Director of Field Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5438
 Amount of Each Receipt this Period 60.00
 Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.00
TOTAL This Period (last page this line number only)..... ▶

**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 12 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

A. Chris Macdonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Cherry Hill Drive
 City Danvers State MA Zip Code 01923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Regional Director of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5445
 Amount of Each Receipt this Period 50.00
 Individual Contribution

B. Stephen Mapa
 Full Name (Last, First, Middle Initial)
 Mailing Address 1188 Hampshire Place
 City West Chester State PA Zip Code 19382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed Inc Occupation Surgery Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5446
 Amount of Each Receipt this Period 125.00
 Individual Contribution

C. Stephen C. McEvoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Day School Lane
 City Belmont State MA Zip Code 02478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation VP & General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5447
 Amount of Each Receipt this Period 200.00
 Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

**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 13 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

A. Frank McFall
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Blue Ridge Road
 City North Andover State MA Zip Code 01845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Director of Engineering
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5448
 Amount of Each Receipt this Period 60.00
 Individual Contribution

B. Ian Mcleod
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Cherry Hill Drive
 City Danvers State MA Zip Code 01923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed Inc. Occupation Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5450
 Amount of Each Receipt this Period 250.00
 Individual Contribution

C. Mary McLoughlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 5704 8th Road, North
 City Arlington State VA Zip Code 22205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Director, Corporate Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5451
 Amount of Each Receipt this Period 125.00
 Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	435.00
TOTAL This Period (last page this line number only).....▶	

**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 14 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

A. Kelly Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 S Laurel Circle
 City Delafield State WI Zip Code 53018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Clinical Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5452
 Amount of Each Receipt this Period 100.00
 Individual Contribution

B. Matthew Plano
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 Gleason Road
 City Reading State MA Zip Code 01867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation VP Manufacturing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5459
 Amount of Each Receipt this Period 300.00
 Individual Contribution

C. Daniel Raess
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Cherry Hill Drive
 City Danvers State MA Zip Code 01923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4166.60

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.5463
 Amount of Each Receipt this Period 416.66
 Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	816.66
TOTAL This Period (last page this line number only).....▶	

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 15 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

Full Name (Last, First, Middle Initial) A. Vernon Rothrock		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address 5 Sunset Drive		Transaction ID : SA11AI.5466
City Beverly	State MA	Zip Code 01915
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer Abiomed, Inc.	Occupation Production Supervisor	Individual Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Art Shea		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address 53 Amherst Road		Transaction ID : SA11AI.5467
City Beverly	State MA	Zip Code 01915
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Abiomed, Inc.	Occupation Senior Electrical Engineer	Individual Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Helio Shee		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address 22 Cherry Hill Drive		Transaction ID : SA11AI.5468
City Danvers	State MA	Zip Code 01923
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Abiomed, Inc.	Occupation Manager of Field Service	Individual Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

**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 16 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

A. Jonathan David Stevens
 Full Name (Last, First, Middle Initial)
 Mailing Address 14318 Manderleigh Woods Drive
 City Chesterfield State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed Inc. Occupation Director SE Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 31 / 2014**
Transaction ID : SA11AI.5472
 Amount of Each Receipt this Period **50.00**
 Individual Contribution

B. Robert Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Cherry Hill Drive
 City Danvers State MA Zip Code 01923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Manager, FDA Programs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 31 / 2014**
Transaction ID : SA11AI.5473
 Amount of Each Receipt this Period **50.00**
 Individual Contribution

C. Susan Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1302 Waugh
 City Houston State TX Zip Code 77019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Clinical Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt **10 / 31 / 2014**
Transaction ID : SA11AI.5474
 Amount of Each Receipt this Period **40.00**
 Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... **140.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

A. Michele Toon
Full Name (Last, First, Middle Initial)

Mailing Address 11417 Chatam Berry Lane

City Austin State TX Zip Code 98748

FEC ID number of contributing federal political committee. **C**

Name of Employer Abiomed, Inc. Occupation EP Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.5476

Amount of Each Receipt this Period
 100.00

Individual Contribution

B. Jennifer Wagner
Full Name (Last, First, Middle Initial)

Mailing Address 3312 Sherwood Drive

City Portland State OR Zip Code 92239

FEC ID number of contributing federal political committee. **C**

Name of Employer Abiomed, Inc. Occupation Regional Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.5478

Amount of Each Receipt this Period
 150.00

Individual Contribution

C. Loretta Wedge
Full Name (Last, First, Middle Initial)

Mailing Address 22 Cherry Hill Drive

City Danvers State MA Zip Code 01923

FEC ID number of contributing federal political committee. **C**

Name of Employer Abiomed, Inc. Occupation Director of Financial Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.5480

Amount of Each Receipt this Period
 50.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

A. Full Name (Last, First, Middle Initial)
Vladislav Zilberman

Mailing Address 22 Cherry Hill Drive

City Danvers State MA Zip Code 01923

FEC ID number of contributing federal political committee. **C**

Name of Employer Abiomed, Inc. Occupation Manager of Manufacturing Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.5483

Amount of Each Receipt this Period
50.00

Individual Contribution

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:
 Primary General
 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

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:
 Primary General
 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

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	4426.66

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

Full Name (Last, First, Middle Initial)

A. MASSACHUSETTS VICTORY COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2014			

Mailing Address 310 FIRST STREET SE

Transaction ID : SB23.5396

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

7500.00

Purpose of Disbursement
Campaign Contribution

011
Category/ Type

Candidate Name

MASSACHUSETTS VICTORY COMMITTEE

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

7500.00

7500.00
