

FEC FORM 3X

REPORT 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

ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

ADDRESS (number and street) 22 CHERRY HILL DRIVE

Check if different than previously reported. (ACC) DANVERS MA 01923

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

C C00426445

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] in the State of []

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

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 10 / 01 / 2015 through [MM] / [DD] / [YYYY] 12 / 31 / 2015

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 Ian Mcleod

Signature of Treasurer Ian Mcleod [Electronically Filed] Date 02 / 03 / 2016

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 Only									
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**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="2015"/>		<input type="text" value="206154.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="248502.97"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17887.98"/>	<input type="text" value="76130.30"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="266390.95"/>	<input type="text" value="282284.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="17893.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="264390.95"/>	<input type="text" value="264390.95"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

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).....	17589.98	65558.30
(ii) Unitemized	298.00	10572.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17887.98	76130.30
(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)	17887.98	76130.30
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))..... ▶	17887.98	76130.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17887.98	76130.30

DETAILED SUMMARY PAGE
of Disbursements

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.....	2000.00	17000.00
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	893.38
(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	893.38
29. Other Disbursements	0.00	0.00
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)) ..	2000.00	17893.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	17893.38

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)	17887.98	76130.30
34. Total Contribution Refunds (from Line 28(d))	0.00	893.38
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17887.98	75236.92
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 31
	<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	

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)

A. John Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 601 Glencove Drive

City Macon State GA Zip Code 31210

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 ▼ 240.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5864

Amount of Each Receipt this Period 60.00

Individual Contribution

B. Scott Arthur
Full Name (Last, First, Middle Initial)

Mailing Address 8349 Trinity Road

City Cordova State TN Zip Code 38018

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

Name of Employer Abiomed, Inc. Occupation Heart Recovery Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5865

Amount of Each Receipt this Period 150.00

Individual Contribution

C. Cathy Axberg
Full Name (Last, First, Middle Initial)

Mailing Address W308 N1829 West Lake Circle

City Delafield State WI Zip Code 53018

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

Name of Employer Abiomed, Inc. Occupation Clinical Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5866

Amount of Each Receipt this Period 60.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.00

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 31
<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. Steven Balk		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5867
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 180.00
City Danvers State MA Zip Code 01923	FEC ID number of contributing federal political committee. C	Individual Contribution
Name of Employer Occupation Individual Contribution Director of Clinical Training	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00

Full Name (Last, First, Middle Initial) B. Julius Becker		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5868
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 Occupation Abiomed, Inc. Manufacturing Engineer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

Full Name (Last, First, Middle Initial) C. Karim Benali		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5869
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 600.00
City Danvers State MA Zip Code 01923	FEC ID number of contributing federal political committee. C	Individual Contribution
Name of Employer Occupation Abiomed, Inc. Chief Medical Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00

SUBTOTAL of Receipts This Page (optional).....▶	840.00
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 31
	<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. Seth Bilazarian
Full Name (Last, First, Middle Initial)

Mailing Address 73 Bartlet Street

City Andover State MA Zip Code 01802

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

Name of Employer Abiomed, Inc. Occupation VP - Interventional Cardiology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 22 / 2015
Transaction ID : SA11AI.5945

Amount of Each Receipt this Period 2500.00

Individual Contribution

B. William Bolt
Full Name (Last, First, Middle Initial)

Mailing Address 8 Dartmouth Street

City Beverly State MA Zip Code 01915

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

Name of Employer Abiomed Inc. Occupation Sr Vice President, Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5870

Amount of Each Receipt this Period 1200.00

Individual Contribution

C. Edina Bonassin-Napoli
Full Name (Last, First, Middle Initial)

Mailing Address 2 St. Paul Street

City Brookline State MA Zip Code 02446

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

Name of Employer Abiomed, Inc. Occupation Cardiology Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5871

Amount of Each Receipt this Period 150.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3850.00

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 31
	<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 ▼ 480.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5873

Amount of Each Receipt this Period 120.00

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 ▼ 480.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5874

Amount of Each Receipt this Period 120.00

Individual Contribution

C. David Ciccone
Full Name (Last, First, Middle Initial)

Mailing Address 1106 Second Street #114

City Encintas State CA Zip Code 92024

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

Name of Employer Abiomed, Inc. Occupation Key Account Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5876

Amount of Each Receipt this Period 60.00

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: (check only one)	PAGE 10 OF 31
	<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. 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 ▼ 600.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5877
 Amount of Each Receipt this Period 150.00
 Individual Contribution

B. Tom Cotter
 Full Name (Last, First, Middle Initial)
 Mailing Address 15838 Spyglass Drive
 City Northville State MI Zip Code 48168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5878
 Amount of Each Receipt this Period 60.00
 Individual Contribution

C. Beverly Courington
 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 Key Account Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1495.00

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11AI.5879
 Amount of Each Receipt this Period 325.00
 Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	535.00
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 31
	<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. Sara Cutting
 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 Clinical Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5880
 Amount of Each Receipt this Period
 120.00
 Individual Contribution

B. Nanette DePiero
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Balsam Drive
 City Beverly State MA Zip Code 01915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5881
 Amount of Each Receipt this Period
 60.00
 Individual Contribution

C. Michael Finnegan
 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 Engineering Technician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5882
 Amount of Each Receipt this Period
 60.00
 Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 31
	<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. Peter Fipphen			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.5883
Mailing Address 22 Cherry Hill Drive			Amount of Each Receipt this Period 60.00
City Danvers	State MA	Zip Code 01923	Individual Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00	
Name of Employer Abiomed, Inc.	Occupation Director of Tax and Treasury	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lillian Garcia-Palmer			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.5884
Mailing Address 22 Cherry Hill Drive			Amount of Each Receipt this Period 450.00
City Danvers	State MA	Zip Code 01923	Individual Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1800.00	
Name of Employer Abiomed, Inc.	Occupation Director of Marketing	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sheila Gebel			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.5885
Mailing Address 22 Cherry Hill Drive			Amount of Each Receipt this Period 360.00
City Danvers	State MA	Zip Code 01923	Individual Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1380.00	
Name of Employer Abiomed, Inc.	Occupation Director, Healthcare Services	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional).....▶	870.00
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 31
	<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. Eric Gelinac		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5886
Mailing Address 29 West Hayward Avenue		Amount of Each Receipt this Period 150.00
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Matthew Generalovich		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5887
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 Circulatory Support Specialist	
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. Aimee Genzler		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5888
Mailing Address 5 Hanson Road		Amount of Each Receipt this Period 60.00
City Danvers	State MA	Zip Code 01921
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Abiomed, Inc.	Occupation Corporate Communications Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 31
	<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	

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)

A. Ioana Ghiu
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 Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5889

Amount of Each Receipt this Period 60.00

Individual Contribution

B. Andrew Greenfield
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 Vice President, Healthcare Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5890

Amount of Each Receipt this Period 1200.00

Individual Contribution

C. Brian Horrigan
Full Name (Last, First, Middle Initial)

Mailing Address 9 Quail Road

City Peabody State MA Zip Code 01960

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

Name of Employer Abiomed, Inc. Occupation Field Support Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5891

Amount of Each Receipt this Period 60.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1320.00

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 15 OF 31
	<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. Michael Houde
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 Facilities Manager
-----------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.5892

Amount of Each Receipt this Period
60.00

Individual Contribution

B. Mariah Hout
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 Clinical Applications Development
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.5893

Amount of Each Receipt this Period
60.00

Individual Contribution

C. Jerome Hoynacki
Full Name (Last, First, Middle Initial)

Mailing Address 26922 Eastvale Road

City Palos Verdes Peninsula	State CA	Zip Code 90274
--------------------------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.5894

Amount of Each Receipt this Period
60.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 31
	<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. Emmanuel Ilongo
 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 Mechanical Engineering Technician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5895
 Amount of Each Receipt this Period
 60.00
 Individual Contribution

B. Andrew Inglis
 Full Name (Last, First, Middle Initial)
 Mailing Address 218 Thorndike Street Apt 308-B
 City Cambridge State MA Zip Code 02141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed Inc Occupation Mgr IT Software Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5896
 Amount of Each Receipt this Period
 60.00
 Individual Contribution

C. 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5897
 Amount of Each Receipt this Period
 300.00
 Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 17 OF 31
	<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"/>	<input type="checkbox"/> 17

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

A. Ken Kasica
Full Name (Last, First, Middle Initial)

Mailing Address 16 Owls Roost Ct

City Greensboro State NC Zip Code 27410

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

Name of Employer Abiomed, Inc. Occupation Director, Clinical Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5898

Amount of Each Receipt this Period
60.00

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 ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5899

Amount of Each Receipt this Period
300.00

Individual Contribution

C. Jamie Kelso
Full Name (Last, First, Middle Initial)

Mailing Address 8506 Flying Buttress Drive

City Raleigh State NC Zip Code 27413

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

Name of Employer Abiomed Inc. Occupation Impella Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5900

Amount of Each Receipt this Period
60.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **420.00**

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 31
(check only one)

<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)

A. 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 ▼
720.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5902

Amount of Each Receipt this Period
180.00

Individual Contribution

B. Stacey Langevain
Full Name (Last, First, Middle Initial)

Mailing Address 21 Otis Street

City Natick	State MA	Zip Code 01760
----------------	-------------	-------------------

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

Name of Employer Abiomed, Inc.	Occupation IT Operations
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5903

Amount of Each Receipt this Period
60.00

Individual Contribution

C. Eugene Liharski
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 Mechanical Engineer
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5904

Amount of Each Receipt this Period
60.00

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: (check only one)	PAGE 19 OF 31
	<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)

Full Name (Last, First, Middle Initial) A. Andrea Lona		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5905
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 Abiomed, Inc. Occupation Clinical Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

Full Name (Last, First, Middle Initial) B. Gregory Lord		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5906
Mailing Address 801 Spooner Ridge		Amount of Each Receipt this Period 60.00
City Peachtree City State GA Zip Code 30269	FEC ID number of contributing federal political committee. C	Individual Contribution
Name of Employer Abiomed, Inc. Occupation Impella Specialist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

Full Name (Last, First, Middle Initial) C. William Lowe		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5907
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 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 ▼ 240.00

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 20 OF 31
	<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. Perry Lutz		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5908
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 Abiomed, Inc.	Occupation Call Center Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Chris Macdonald		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5909
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 Regional Director of Sales	
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. Stephen Mapa		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5910
Mailing Address 1188 Hampshire Place		Amount of Each Receipt this Period 375.00
City West Chester	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Abiomed Inc	Occupation Surgery Sales Director	
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).....▶	585.00
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 21 OF 31
	<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. Stephen C. McEvoy		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5911
Mailing Address 15 Day School Lane		Amount of Each Receipt this Period 600.00
City Belmont	State MA	Zip Code 02478
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Abiomed, Inc.	Occupation VP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) B. Joy Beth Anne McGill		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5912
Mailing Address 3716 Mykonos Lane #160		Amount of Each Receipt this Period 60.00
City San Diego	State CA	Zip Code 92130
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Abiomd, Inc.	Occupation Associate Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Ian Mcleod		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5916
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 750.00
City Danvers	State MA	Zip Code 01923
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Abiomed Inc.	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1410.00
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 22 OF 31
	<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. 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 **1500.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.5917
 Amount of Each Receipt this Period **375.00**
 Individual Contribution

B. 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 **1200.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.5918
 Amount of Each Receipt this Period **300.00**
 Individual Contribution

C. Dion Mraz
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Newland Road
 City Arlington State MA Zip Code 02474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Program Management Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.5919
 Amount of Each Receipt this Period **60.00**
 Individual Contribution

SUBTOTAL of Receipts This Page (optional).....	735.00
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 23 OF 31
	<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. Joseph Narcisse		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 3523 Shadow Creek Drive		Transaction ID : SA11AI.5920
City Danville	State CA	Zip Code 94506
FEC ID number of contributing federal political committee.	C	
Name of Employer Abiomed Inc.	Occupation Clincial Account Manager	Amount of Each Receipt this Period 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	Individual Contribution

Full Name (Last, First, Middle Initial) B. Chizene Nazeri		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 2001 Westheiner Road Apt 359		Transaction ID : SA11AI.5921
City Houston	State TX	Zip Code 77098
FEC ID number of contributing federal political committee.	C	
Name of Employer Abiomed, Inc.	Occupation Impella Specialist	Amount of Each Receipt this Period 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	Individual Contribution

Full Name (Last, First, Middle Initial) C. Slade Neer		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 2292 Hood Avenue		Transaction ID : SA11AI.5922
City Shinnston	State WV	Zip Code 26431
FEC ID number of contributing federal political committee.	C	
Name of Employer Abiomed, Inc	Occupation Account Manager	Amount of Each Receipt this Period 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 24 OF 31
	<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. Kirsten Nikola
Full Name (Last, First, Middle Initial)

Mailing Address 399 Lowell Street

City Peabody State MA Zip Code 01960

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

Name of Employer Abiomed, Inc. Occupation Executive Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.5923

Amount of Each Receipt this Period **75.00**

Individual Contribution

B. Kelly O'Connor
Full Name (Last, First, Middle Initial)

Mailing Address 15988 Sweet Murcott Ct

City Winter Garden State FL Zip Code 34787

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

Name of Employer Abiomed Inc. Occupation Cardiology Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.5924

Amount of Each Receipt this Period **600.00**

Individual Contribution

C. 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 ▼ **3600.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.5925

Amount of Each Receipt this Period **900.00**

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... **1575.00**

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 25 OF 31
	<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)

A. Steven Puhlovich
 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 Clinical Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5926
 Amount of Each Receipt this Period 60.00
 Individual Contribution

B. Robert Quinn
 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, Financial Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5927
 Amount of Each Receipt this Period 60.00
 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 ▼ 4999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5928
 Amount of Each Receipt this Period 1249.98
 Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1369.98
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 26 OF 31
	<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. Kevin Ray
 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 Clinical Applications Trainer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5929
 Amount of Each Receipt this Period
 60.00
 Individual Contribution

B. Vernon Rothrock
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Sunset Drive
 City Beverly State MA Zip Code 01915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Production Supervisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5931
 Amount of Each Receipt this Period
 120.00
 Individual Contribution

C. Helio Shee
 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 of Field Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5932
 Amount of Each Receipt this Period
 150.00
 Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	330.00
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 27 OF 31
	<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. Janet St. Agathe		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5934
Mailing Address 2960 Pebble Creek Street		Amount of Each Receipt this Period 60.00
City Melbourne	State FL	Zip Code 32935
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Abiomed, Inc.	Occupation Clinical Research Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. William Stafford		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5935
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 Abiomed Inc.	Occupation Clincial Trainer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Jonathan David Stevens		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5936
Mailing Address 14318 Manderleigh Woods Drive		Amount of Each Receipt this Period 150.00
City Chesterfield	State MO	Zip Code 63017
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Abiomed Inc.	Occupation Director SE Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	270.00
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 28 OF 31
(check only one)

<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. Robert Stewart

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5937

Amount of Each Receipt this Period
150.00

Individual Contribution

Full Name (Last, First, Middle Initial)
B. Susan Sullivan

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 ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5938

Amount of Each Receipt this Period
120.00

Individual Contribution

Full Name (Last, First, Middle Initial)
C. Stephen Vaughan

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 Manufacturing Engineer Technician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.5940

Amount of Each Receipt this Period
60.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **330.00**

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 29 OF 31
	<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	<input type="checkbox"/> 17

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

A. Jennifer Weddell
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 ▼ 1800.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5941

Amount of Each Receipt this Period 450.00

Individual Contribution

B. Channing Wyles
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 Clinical Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5942

Amount of Each Receipt this Period 60.00

Individual Contribution

C. James Ziegler
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 Corp Security & Safety Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.5943

Amount of Each Receipt this Period 60.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 570.00

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 30 OF 31
(check only one)

<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)

A. Vladislav Zilberman
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 of Manufacturing Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.5944

Amount of Each Receipt this Period
150.00

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).....▶	150.00
TOTAL This Period (last page this line number only).....▶	17589.98

**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. ALAMO PAC

Mailing Address 919 CONGRESS AVENUE
SUITE 1400

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
ALAMO PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : SB23.5953

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / 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)..... ▶

2000.00

2000.00