

**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="2011"/>	<input type="text" value="52311.05"/>	<input type="text" value="52311.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="93974.19"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="36002.64"/>	<input type="text" value="87636.66"/>
(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="129976.83"/>	<input type="text" value="139947.71"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13503.00"/>	<input type="text" value="23473.88"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="116473.83"/>	<input type="text" value="116473.83"/>
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

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).....	31656.64	76296.66
(ii) Unitemized	4346.00	11340.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36002.64	87636.66
(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)	36002.64	87636.66
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))..... ▶	36002.64	87636.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36002.64	87636.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	343.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	343.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	23000.00
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	124.98
(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	124.98
29. Other Disbursements	3.00	5.90
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)) ..	13503.00	23473.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13503.00	23473.88

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)	36002.64	87636.66
34. Total Contribution Refunds (from Line 28(d))	0.00	124.98
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36002.64	87511.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	343.00
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	343.00

**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 27
	<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. 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 / 2011**

Transaction ID : SA11AI.4843

Amount of Each Receipt this Period **150.00**

Contribution

B. W. Gerald Austen
Full Name (Last, First, Middle Initial)

Mailing Address 330 Beacon Street, Apt 66

City Boston State MA Zip Code 02116

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

Name of Employer Harvard Medical School Occupation Professor of Surgery

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **12 / 27 / 2011**

Transaction ID : SA11AI.4978

Amount of Each Receipt this Period **1500.00**

Contribution

C. Steven Balk
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 Individual Contribution Occupation Director of Clinical Training

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 31 / 2011**

Transaction ID : SA11AI.4844

Amount of Each Receipt this Period **180.00**

Contribution

SUBTOTAL of Receipts This Page (optional)..... **1830.00**

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 27
	<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. Karim Benali			Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4846
Mailing Address 22 Cherry Hill Drive			Amount of Each Receipt this Period 600.00
City Danvers	State MA	Zip Code 01923	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Abiomed, Inc.	Occupation Chief Medical Officer	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	Contribution	

Full Name (Last, First, Middle Initial) B. William Bolt			Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4847
Mailing Address 8 Dartmouth Street			Amount of Each Receipt this Period 1200.00
City Beverly	State MA	Zip Code 01915	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Abiomed Inc.	Occupation Sr Vice President, Quality	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	Contribution	

Full Name (Last, First, Middle Initial) C. Edina Bonassin-Napoli			Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4848
Mailing Address 2 St. Paul Street			Amount of Each Receipt this Period 150.00
City Brookline	State MA	Zip Code 02446	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Abiomed, Inc.	Occupation Cardiology Account Manager	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Contribution	

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
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 27
	<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. Robert Bowen
 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 Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : SA11AI.4849
 Amount of Each Receipt this Period
 1249.98
 Contribution

B. 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
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : SA11AI.4852
 Amount of Each Receipt this Period
 60.00
 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 ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : SA11AI.4854
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	1459.98
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 9 OF 27
	<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. 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 ▼ **1560.00**

Date of Receipt **12 / 31 / 2011**

Transaction ID : SA11AI.4855

Amount of Each Receipt this Period **390.00**

B. Patricia Cunningham
Full Name (Last, First, Middle Initial)

Mailing Address 111 Woodstock Avenue

City Clarendon Hills State IL Zip Code 60514

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 ▼ **1200.00**

Date of Receipt **12 / 31 / 2011**

Transaction ID : SA11AI.4856

Amount of Each Receipt this Period **300.00**

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 **12 / 31 / 2011**

Transaction ID : SA11AI.4859

Amount of Each Receipt this Period **60.00**

Contribution

SUBTOTAL of Receipts This Page (optional)..... **750.00**

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 27
	<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. Matthew Generalovich			Date of Receipt 10 / 31 / 2011 Transaction ID : SA11AI.4839
Mailing Address 22 Cherry Hill Drive			Amount of Each Receipt this Period 250.00
City Danvers	State MA	Zip Code 01923	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Abiomed, Inc.	Occupation Circulatory Support Specialist	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Contribution	

Full Name (Last, First, Middle Initial) B. Ioana Ghiu			Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4861
Mailing Address 22 Cherry Hill Drive			Amount of Each Receipt this Period 60.00
City Danvers	State MA	Zip Code 01923	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Abiomed, Inc.	Occupation Director of Medical Affairs	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	Contribution	

Full Name (Last, First, Middle Initial) C. Eric Gratz			Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4862
Mailing Address 22 Cherry Hill Drive			Amount of Each Receipt this Period 300.00
City Danvers	State MA	Zip Code 01923	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Abiomed, Inc.	Occupation Engineering Program Manager	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	Contribution	

SUBTOTAL of Receipts This Page (optional).....▶	610.00
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 27
	<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. 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11AI.4863

Amount of Each Receipt this Period
1200.00

Contribution

B. Amy Grubb
Full Name (Last, First, Middle Initial)

Mailing Address 28 Laurel Lane

City Hampton State NH Zip Code 03842

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

Name of Employer Abiomed, Inc. Occupation HR 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 / 2011

Transaction ID : SA11AI.4864

Amount of Each Receipt this Period
60.00

Contribution

C. Robert Haffey
Full Name (Last, First, Middle Initial)

Mailing Address 1115 Autumn Drive

City Crystal Lake State IL Zip Code 60014

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 ▼ **1000.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11AI.4865

Amount of Each Receipt this Period
250.02

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1510.02
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 27
	<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. Kathleen Honnick		Date of Receipt 10 / 07 / 2011 Transaction ID : SA11AI.4837
Mailing Address 208 West 23rd Street Apt# 1607		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10011
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Abiomed, Inc.	Occupation Clinical Emergency Call Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Michael Houde		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4866
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		Contribution
Name of Employer Abiomed, Inc.	Occupation Facilities 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. Mariah Hout		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4867
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		Contribution
Name of Employer Abiomed, Inc.	Occupation Clinical Applications Development	
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).....▶	370.00
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 27
	<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. Michael Howley		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4868
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 3000.00
City Danvers State MA Zip Code 01923	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Abiomed Inc Occupation VP of Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Full Name (Last, First, Middle Initial) B. Sherri Kaiman		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4871
Mailing Address N36 W5558 Hamilton Road		Amount of Each Receipt this Period 300.00
City Cedarburg State WI Zip Code 53012	FEC ID number of contributing federal political committee. C	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 ▼ 450.00

Full Name (Last, First, Middle Initial) C. Raymond Kelley		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4925
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 250.00
City Danvers State MA Zip Code 01923	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Abiomed, Inc. Occupation Marketing Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional).....▶	3550.00
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 27
	<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. 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 ▼ **315.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : SA11AI.4876

Amount of Each Receipt this Period
135.00

Contribution

B. Louis E. Lataif
Full Name (Last, First, Middle Initial)

Mailing Address 24 Cottage Farm Road

City Brookline State MA Zip Code 02446

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

Name of Employer Boston University Occupation Dean, School of Management

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
 12 / 06 / 2011
Transaction ID : SA11AI.4980

Amount of Each Receipt this Period
1000.00

Contribution

C. Francis R. LeBlanc
Full Name (Last, First, Middle Initial)

Mailing Address 1 Amberwood Drive

City Exeter State NH Zip Code 03833

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

Name of Employer Abiomed Inc. Occupation VP of Human Resource

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
 12 / 31 / 2011
Transaction ID : SA11AI.4878

Amount of Each Receipt this Period
600.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **1735.00**

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 27
	<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. Mark MacAllister
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 Software Engineer
-----------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11AI.4953

Amount of Each Receipt this Period
300.00

Contribution

B. 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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : SA11AI.4879

Amount of Each Receipt this Period
150.00

Contribution

C. Aimee Maillett
Full Name (Last, First, Middle Initial)
Mailing Address 5 Hanson Road

City Danvers	State MA	Zip Code 01921
-----------------	-------------	-------------------

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

Name of Employer Abiomed, Inc.	Occupation Corporate Communications Manager
-----------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : SA11AI.4880

Amount of Each Receipt this Period
140.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	590.00
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 27
	<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. Christine Manning
 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 Sr Software Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : SA11AI.4960
 Amount of Each Receipt this Period
500.00

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 **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : SA11AI.4935
 Amount of Each Receipt this Period
250.00
 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 **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : SA11AI.4981
 Amount of Each Receipt this Period
3000.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 27
	<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. Joy Beth Anne McGill
 Full Name (Last, First, Middle Initial)
 Mailing Address 3716 Mykonos Lane #160
 City San Diego State CA Zip Code 92130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomd, Inc. Occupation Associate Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.4881
 Amount of Each Receipt this Period 150.00
 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 ▼ 1550.00

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.4882
 Amount of Each Receipt this Period 600.00
 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 ▼ 1041.74

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.4883
 Amount of Each Receipt this Period 291.68
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1041.68
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 18 OF 27
	<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. Amin Medjamia
 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 Clinical Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.4884
 Amount of Each Receipt this Period 450.00
 Contribution

B. Michael Minogue
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Veranda Circle
 City South Hamilton State MA Zip Code 01982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed Inc. Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.92

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.4885
 Amount of Each Receipt this Period 2499.96
 Contribution

C. 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 ▼ 350.00

Date of Receipt 10 / 12 / 2011
Transaction ID : SA11AI.4819
 Amount of Each Receipt this Period 350.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3299.96
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 27
	<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. Michael O'Hara		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4887
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 150.00
City Danvers	State MA	Zip Code 01944
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Abiomed, Inc.	Occupation Manager of Quality Assurance	
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. Lillian Palmer		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4860
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 450.00
City Danvers	State MA	Zip Code 01923
FEC ID number of contributing federal political committee. C		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 ▼ 1800.00	

Full Name (Last, First, Middle Initial) C. Carolyn Pekar		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4889
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		Contribution
Name of Employer Abiomed, Inc.	Occupation Dir, Clinical & Regulatory Affairs	
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).....▶	750.00
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 27
	<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. Daniel Raess			Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4894
Mailing Address 22 Cherry Hill Drive			Amount of Each Receipt this Period 60.00
City Danvers	State MA	Zip Code 01923	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Abiomed, Inc.	Occupation Medical Director	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.00	Contribution	

Full Name (Last, First, Middle Initial) B. Eric A. Rose			Date of Receipt 12 / 20 / 2011 Transaction ID : SA11AI.4976
Mailing Address 35 East 62nd Street			Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10065	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer SIGA Technologies, Inc.	Occupation CEO and Chairman of the Board	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Contribution	

Full Name (Last, First, Middle Initial) C. Helio Shee			Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4896
Mailing Address 22 Cherry Hill Drive			Amount of Each Receipt this Period 150.00
City Danvers	State MA	Zip Code 01923	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Abiomed, Inc.	Occupation Manager of Field Service	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Contribution	

SUBTOTAL of Receipts This Page (optional).....▶	1210.00
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 27
	<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. Janet St. Agathe
Full Name (Last, First, Middle Initial)

Mailing Address 2960 Pebble Creek Street

City Melbourne State FL Zip Code 32935

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

Name of Employer Abiomed, Inc. Occupation Clinical Research Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.4897

Amount of Each Receipt this Period 60.00

Contribution

B. 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 ▼ 600.00

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.4898

Amount of Each Receipt this Period 150.00

Contribution

C. 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 ▼ 225.00

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.4899

Amount of Each Receipt this Period 150.00

Contribution

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 23 OF 27
	<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. Susan Sullivan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 1302 Waugh		Transaction ID : SA11AI.4900
City Houston	State TX	Zip Code 77019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Abiomed, Inc.	Occupation Clinical Account Manager	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. Daniel J. Sutherby		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2011
Mailing Address 22 Cherry Hill Drive		Transaction ID : SA11AI.4979
City Danvers	State MA	Zip Code 01923
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Abiomed Inc.	Occupation Chief Financial Officer	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Keisuke Suzuki		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 22 Cherry Hill Drive		Transaction ID : SA11AI.4901
City Danvers	State MA	Zip Code 01923
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer Abiomed, Inc.	Occupation VP of Asia Sales & Marketing	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

SUBTOTAL of Receipts This Page (optional).....▶	2320.00
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 27
	<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. Henri Termeer		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2011
Mailing Address 396 Ocean Avenue		Transaction ID : SA11AI.4977
City Marblehead	State MA	Zip Code 01945
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Abiomed, Inc.	Occupation Board Director	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Stephen Vaughan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 22 Cherry Hill Drive		Transaction ID : SA11AI.4903
City Danvers	State MA	Zip Code 01923
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer Abiomed, Inc.	Occupation Manufacturing Engineer Technician	Contribution
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. Loretta Wedge		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 22 Cherry Hill Drive		Transaction ID : SA11AI.4906
City Danvers	State MA	Zip Code 01923
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Abiomed, Inc.	Occupation Director of Financial Accounting	Contribution
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).....▶	2710.00
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 27
	<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. James Ziegra
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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11AI.4907

Amount of Each Receipt this Period
60.00

Contribution

B. 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 M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11AI.4908

Amount of Each Receipt this Period
150.00

Contribution

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	31656.64

**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

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. JOHN KERRY FOR SENATE

Mailing Address PO BOX 78116

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

JOHN KERRY FOR SENATE

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2011

Transaction ID : **SB23.4805**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Richard Neal for Congress

Mailing Address P.O. Box 15906

City Chevy Chase State MD Zip Code 20825

Purpose of Disbursement
Campaign Contribution

Category/
Type

Candidate Name

Richard Neal for Congress

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2011

Transaction ID : **SB23.4804**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ROMNEY FOR PRESIDENT, INC.

Mailing Address 585 COMMERCIAL ST.

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

ROMNEY FOR PRESIDENT, INC.

Category/
Type

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2011

Transaction ID : **SB23.4802**

Amount of Each Disbursement this Period

5000.00

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

9500.00

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

