

**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="2013"/>		82865.95
(b) Cash on Hand at Beginning of Reporting Period.....	134104.85	
(c) Total Receipts (from Line 19)	18060.98	69314.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	152165.83	152180.83
7. Total Disbursements (from Line 31).....	0.00	15.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	152165.83	152165.83
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15304.98	57231.68
(ii) Unitemized	2756.00	12083.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18060.98	69314.68
(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)	18060.98	69314.68
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	0.20
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))..... ▶	18060.98	69314.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18060.98	69314.88

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	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.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	15.00
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)) ..	0.00	15.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	15.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18060.98	69314.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18060.98	69314.68
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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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 **450.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : SA11AI.5879
 Amount of Each Receipt this Period **150.00**
 Individual Contribution

B. 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 **540.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : SA11AI.5881
 Amount of Each Receipt this Period **180.00**
 Individual Contribution

C. Karim Benali
 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 Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1800.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : SA11AI.5883
 Amount of Each Receipt this Period **600.00**
 Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... **930.00**
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 20
	<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. William Bolt		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : SA11AI.5884
Mailing Address 8 Dartmouth Street		Amount of Each Receipt this Period 1200.00
City Beverly	State MA	Zip Code 01915
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Abiomed Inc.	Occupation Sr Vice President, Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

Full Name (Last, First, Middle Initial) B. Edina Bonassin-Napoli		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : SA11AI.5885
Mailing Address 2 St. Paul Street		Amount of Each Receipt this Period 150.00
City Brookline	State MA	Zip Code 02446
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 ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Robert Bowen		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : SA11AI.5887
Mailing Address 22 Cherry Hill Drive		Amount of Each Receipt this Period 420.00
City Danvers	State MA	Zip Code 01923
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Abiomed, Inc.	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2781.74	

SUBTOTAL of Receipts This Page (optional).....▶	1770.00
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 20
	<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 ▼ 360.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.5888

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 ▼ 360.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.5889

Amount of Each Receipt this Period 120.00

Individual Contribution

C. Thomas Burr
Full Name (Last, First, Middle Initial)

Mailing Address 10221 E 97th Street North

City Owasso State OK Zip Code 74055

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 ▼ 720.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.5890

Amount of Each Receipt this Period 240.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 480.00

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 20
<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. 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 ▼ **450.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : SA11AI.5893

Amount of Each Receipt this Period **150.00**

Individual Contribution

B. 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 ▼ **1170.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : SA11AI.5896

Amount of Each Receipt this Period **390.00**

Individual Contribution

C. 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 ▼ **900.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : SA11AI.5898

Amount of Each Receipt this Period **300.00**

Individual Contribution

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 10 OF 20
	<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. Karen Eggert
Full Name (Last, First, Middle Initial)

Mailing Address 7274 Shoreline Drive #115

City San Diego State CA Zip Code 92122

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 ▼ 1550.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.5901

Amount of Each Receipt this Period 350.00

Individual Contribution

B. Eric Gelin
Full Name (Last, First, Middle Initial)

Mailing Address 29 West Hayward Avenue

City Phoenix State AZ Zip Code 85021

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 ▼ 450.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.5904

Amount of Each Receipt this Period 150.00

Individual Contribution

C. Matthew Generalovich
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 Circulatory Support Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.5905

Amount of Each Receipt this Period 150.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<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 ▼ **3600.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : SA11AI.5907

Amount of Each Receipt this Period **1200.00**

Individual Contribution

B. 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 ▼ **900.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : SA11AI.5914

Amount of Each Receipt this Period **300.00**

Individual Contribution

C. 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 ▼ **900.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : SA11AI.5917

Amount of Each Receipt this Period **300.00**

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... **1800.00**

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 20
	<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 ▼ **540.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.5921

Amount of Each Receipt this Period
180.00

Individual Contribution

B. 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 ▼ **2250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.5923

Amount of Each Receipt this Period
750.00

Individual Contribution

C. 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 ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.5930

Amount of Each Receipt this Period
150.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **1080.00**

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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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. 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 ▼ 1125.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.5932
 Amount of Each Receipt this Period 375.00
 Individual Contribution

B. 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 ▼ 1800.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.5933
 Amount of Each Receipt this Period 600.00
 Individual Contribution

C. Frank McFall
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Blue Ridge Road
 City North Andover State MA Zip Code 01845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Director of Engineering
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.5934
 Amount of Each Receipt this Period 180.00
 Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1155.00
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 20
	<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. 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 **1500.00**

Date of Receipt
 09 / 30 / 2013
Transaction ID : SA11AI.5936
 Amount of Each Receipt this Period
750.00
 Individual Contribution

B. 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 **1125.00**

Date of Receipt
 09 / 30 / 2013
Transaction ID : SA11AI.5937
 Amount of Each Receipt this Period
375.00
 Individual Contribution

C. 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 **1350.00**

Date of Receipt
 09 / 30 / 2013
Transaction ID : SA11AI.5938
 Amount of Each Receipt this Period
450.00
 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 15 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.5939
 Amount of Each Receipt this Period
 300.00
 Individual Contribution

B. 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.5943
 Amount of Each Receipt this Period
 75.00
 Individual Contribution

C. Lillian Palmer
 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 Marketing
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.5903
 Amount of Each Receipt this Period
 450.00
 Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 825.00
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 20
	<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)

Full Name (Last, First, Middle Initial) A. Matthew Plano		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : SA11AI.5945
Mailing Address 128 Gleason Road		Amount of Each Receipt this Period 900.00
City Reading	State MA	Zip Code 01867
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Abiomed, Inc.	Occupation VP Manufacturing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

Full Name (Last, First, Middle Initial) B. Anthony Platis		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : SA11AI.5946
Mailing Address 2609 N. Raleigh Street		Amount of Each Receipt this Period 100.00
City Arlington Heights	State IL	Zip Code 60004
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Greg Price		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : SA11AI.5947
Mailing Address 11247 Terwilligers Row		Amount of Each Receipt this Period 120.00
City Cincinnati	State OH	Zip Code 45249
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Abiomed, Inc	Occupation Heart Recovery Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	1120.00
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 20
	<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. Daniel Raess			Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 22 Cherry Hill Drive			Transaction ID : SA11AI.5950
City Danvers	State MA	Zip Code 01923	Amount of Each Receipt this Period 1249.98
FEC ID number of contributing federal political committee. C		Individual Contribution	
Name of Employer Abiomed, Inc.	Occupation Medical Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 3749.94			

Full Name (Last, First, Middle Initial) B. Vernon Rothrock			Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 5 Sunset Drive			Transaction ID : SA11AI.5954
City Beverly	State MA	Zip Code 01915	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C		Individual Contribution	
Name of Employer Abiomed, Inc.	Occupation Production Supervisor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 360.00			

Full Name (Last, First, Middle Initial) C. Art Shea			Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 53 Amherst Road			Transaction ID : SA11AI.5955
City Beverly	State MA	Zip Code 01915	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Individual Contribution	
Name of Employer Abiomed, Inc.	Occupation Senior Electrical Engineer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 900.00			

SUBTOTAL of Receipts This Page (optional).....▶	1669.98
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 18 OF 20
	<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)

Full Name (Last, First, Middle Initial) A. Helio Shee		Date of Receipt 09 / 30 / 2013 Transaction ID : SA11AI.5956
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 Manager of Field Service	
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) B. Jonathan David Stevens		Date of Receipt 09 / 30 / 2013 Transaction ID : SA11AI.5960
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 ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Robert Stewart		Date of Receipt 09 / 30 / 2013 Transaction ID : SA11AI.5961
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 Manager, FDA Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 20
	<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. Susan Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 1302 Waugh

City Houston State TX Zip Code 77019

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

Name of Employer Abiomed, Inc. Occupation Clinical Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : SA11AI.5962

Amount of Each Receipt this Period **120.00**

Individual Contribution

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

Mailing Address 3312 Sherwood Drive

City Portland State OR Zip Code 92239

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : SA11AI.5966

Amount of Each Receipt this Period **450.00**

Individual Contribution

C. Beth Anne Wall
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, Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : SA11AI.5967

Amount of Each Receipt this Period **90.00**

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... **660.00**

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 20
	<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)

Full Name (Last, First, Middle Initial) A. Loretta Wedge		Date of Receipt
Mailing Address 22 Cherry Hill Drive		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Danvers	MA	01923
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5969
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	Individual Contribution
Abiomed, Inc.	Director of Financial Accounting	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Vladislav Zilberman		Date of Receipt
Mailing Address 22 Cherry Hill Drive		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Danvers	MA	01923
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5972
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	Individual Contribution
Abiomed, Inc.	Manager of Manufacturing Engineering	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="15304.98"/>