

**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 checked="" type="checkbox"/> 22	<input 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)

A.

Full Name (Last, First, Middle Initial)  
AdvaMed PAC

Transaction ID: SB22.4180  
Date of Disbursement

Mailing Address 701 Pennsylvania Avenue  
Suite 800

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	8

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement  
Disbursement

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Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1000.00
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TOTAL This Period (last page this line number only) ..... ►

1000.00
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