Image# 201804199110352505

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Milller, Kelly, , ,

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 (for Individual): Abiomed, Inc.
Occupation (for Individual): Clinical Operations Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 03 / 30 / 2018
Transaction ID : SA11AI.5938

Amount of Each Receipt this Period: 300.00

☐ Memo Item
Individual Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Minogue, Michael, , ,

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 (for Individual): Abiomed Inc.
Occupation (for Individual): Chief Executive Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 2500.02

Date of Receipt: 03 / 30 / 2018
Transaction ID : SA11AI.5939

Amount of Each Receipt this Period: 2500.02

☐ Memo Item
Individual Contribution

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Connor, Kelly, , ,

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 (for Individual): Abiomed, Inc.
Occupation (for Individual): Clinical Operations Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 600.00

Date of Receipt: 03 / 30 / 2018
Transaction ID : SA11AI.5944

Amount of Each Receipt this Period: 600.00

☐ Memo Item
Individual Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 3400.02

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