

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

ADDRESS (number and street) **22 CHERRY HILL DRIVE**
 Check if different than previously reported. (ACC) **DANVERS MA 01923**

2. **FEC IDENTIFICATION NUMBER** **C** **C00426445**
3. IS THIS REPORT **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)**
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

| | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day **PRE-Election** Report for the:

| | | |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

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

(d) 30-Day **POST-Election** Report for the:

| | | |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|

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

5. Covering Period [07] / [01] / [2015] through [09] / [30] / [2015]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **Ian Mcleod**
Signature of Treasurer *Ian Mcleod* **[Electronically Filed]** Date **10 / 14 / 2015**

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2015"/> | <input type="text" value="206154.03"/> | <input type="text" value="206154.03"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="238175.03"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="16221.32"/> | <input type="text" value="58242.32"/> |
| (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="254396.35"/> | <input type="text" value="264396.35"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="5893.38"/> | <input type="text" value="15893.38"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="248502.97"/> | <input type="text" value="248502.97"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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)..... | 13768.32 | 47968.32 |
| (ii) Unitemized | 2453.00 | 10274.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 16221.32 | 58242.32 |
| (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) | 16221.32 | 58242.32 |
| 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))..... ▶ | 16221.32 | 58242.32 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 16221.32 | 58242.32 |

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..... | 5000.00 | 15000.00 |
| 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 | 893.38 | 893.38 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 893.38 | 893.38 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 5893.38 | 15893.38 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 5893.38 | 15893.38 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 16221.32 | 58242.32 |
| 34. Total Contribution Refunds (from Line 28(d)) | 893.38 | 893.38 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 15327.94 | 57348.94 |
| 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 19 |
| | <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 | |

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. Scott Arthur | | | Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.5766 |
| Mailing Address 8349 Trinity Road | | | Amount of Each Receipt this Period 150.00 |
| City Cordova | State TN | Zip Code 38018 | Individual Contribution |
| FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 450.00 | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Steven Balk | | | Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.5768 |
| Mailing Address 22 Cherry Hill Drive | | | Amount of Each Receipt this Period 180.00 |
| City Danvers | State MA | Zip Code 01923 | Individual Contribution |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Individual Contribution | Occupation Director of Clinical Training | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 540.00 | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Karim Benali | | | Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.5770 |
| Mailing Address 22 Cherry Hill Drive | | | Amount of Each Receipt this Period 600.00 |
| City Danvers | State MA | Zip Code 01923 | Individual Contribution |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Abiomed, Inc. | Occupation Chief Medical Officer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1800.00 | |

| | |
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| 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 19 |
| | <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. William Bolt | | | Date of Receipt 09 / 30 / 2015 Transaction ID : SA11AI.5771 |
| Mailing Address 8 Dartmouth Street | | | Amount of Each Receipt this Period 1200.00 |
| City Beverly | State MA | Zip Code 01915 | Individual Contribution |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 3600.00 | |
| 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) ▼ | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------|--------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Edina Bonassin-Napoli | | | Date of Receipt 09 / 30 / 2015 Transaction ID : SA11AI.5772 |
| Mailing Address 2 St. Paul Street | | | Amount of Each Receipt this Period 150.00 |
| City Brookline | State MA | Zip Code 02446 | Individual Contribution |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 450.00 | |
| Name of Employer Abiomed, Inc. | Occupation Cardiology Account Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------|--------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Matt Brown | | | Date of Receipt 09 / 30 / 2015 Transaction ID : SA11AI.5774 |
| Mailing Address 4764 Eddleman Drive | | | Amount of Each Receipt this Period 120.00 |
| City Keller | State TX | Zip Code 76244 | Individual Contribution |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 360.00 | |
| Name of Employer Abiomed, Inc. | Occupation Clinical Account Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1470.00 |
| 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 19 |
| | <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. 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 / 2015
Transaction ID : SA11AI.5775
 Amount of Each Receipt this Period 120.00
 Individual Contribution

B. 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 / 2015
Transaction ID : SA11AI.5778
 Amount of Each Receipt this Period 150.00
 Individual Contribution

C. Beverly Courington
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Cherry Hill Drive
 City Danvers State MA Zip Code 01923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Key Account Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.5780
 Amount of Each Receipt this Period 390.00
 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 9 OF 19 |
| | <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. Sara Cutting | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015 Transaction ID : SA11AI.5784 | | |
| Mailing Address 22 Cherry Hill Drive | | | Amount of Each Receipt this Period 120.00 Individual Contribution | | |
| City Danvers | State MA | Zip Code 01923 | | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Abiomed, Inc. | | Occupation Clinical Consultant | | | |
| Receipt For: <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) B. Lillian Garcia-Palmer | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015 Transaction ID : SA11AI.5788 | | |
| Mailing Address 22 Cherry Hill Drive | | | Amount of Each Receipt this Period 450.00 Individual Contribution | | |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1350.00 | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Sheila Gebel | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015 Transaction ID : SA11AI.5789 | | |
| Mailing Address 22 Cherry Hill Drive | | | Amount of Each Receipt this Period 360.00 Individual Contribution | | |
| City Danvers | State MA | Zip Code 01923 | | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Abiomed, Inc. | | Occupation Director, Healthcare Services | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1020.00 | | | |

| | |
|-----------------------------------------------------------------|--------|
| 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 10 OF 19 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Eric Gelinac | | Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.5790 |
| Mailing Address 29 West Hayward Avenue | | Amount of Each Receipt this Period 150.00 |
| City Phoenix | State AZ | Zip Code 85021 |
| FEC ID number of contributing federal political committee. C | | Individual Contribution |
| Name of Employer Abiomed, Inc. | Occupation Cardiology Account Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Matthew Generalovich | | Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.5791 |
| Mailing Address 22 Cherry Hill Drive | | Amount of Each Receipt this Period 150.00 |
| City Danvers | State MA | Zip Code 01923 |
| FEC ID number of contributing federal political committee. C | | Individual Contribution |
| Name of Employer Abiomed, Inc. | Occupation Circulatory Support Specialist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Andrew Greenfield | | Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.5795 |
| Mailing Address 22 Cherry Hill Drive | | Amount of Each Receipt this Period 1200.00 |
| City Danvers | State MA | Zip Code 01923 |
| FEC ID number of contributing federal political committee. C | | Individual Contribution |
| Name of Employer Abiomed, Inc. | Occupation Vice President, Healthcare Solutions | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3600.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 19 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Sherri Kaiman | | Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.5806 |
| 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 | Individual Contribution | |
| Name of Employer Abiomed, Inc. | Occupation Regional Director of Sales | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 900.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Raymond Kelley | | Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.5808 |
| Mailing Address 22 Cherry Hill Drive | | Amount of Each Receipt this Period 300.00 |
| City Danvers | State MA | Zip Code 01923 |
| FEC ID number of contributing federal political committee. C | Individual Contribution | |
| Name of Employer Abiomed, Inc. | Occupation Marketing Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 900.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Roy Kratman | | Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.5811 |
| Mailing Address 22 Cherry Hill Drive | | Amount of Each Receipt this Period 180.00 |
| City Danvers | State MA | Zip Code 01923 |
| FEC ID number of contributing federal political committee. C | Individual Contribution | |
| Name of Employer Abiomed, Inc. | Occupation Director of Field Service | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 540.00 | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 780.00 |
| 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 19 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Chris Macdonald | | | Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.5819 |
| Mailing Address 22 Cherry Hill Drive | | | Amount of Each Receipt this Period 150.00 |
| City Danvers | State MA | Zip Code 01923 | Individual Contribution |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 450.00 | |
| 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) ▼ | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Stephen Mapa | | | Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.5820 |
| Mailing Address 1188 Hampshire Place | | | Amount of Each Receipt this Period 375.00 |
| City West Chester | State PA | Zip Code 19382 | Individual Contribution |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 1125.00 | |
| Name of Employer Abiomed Inc | Occupation Surgery Sales Director | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Stephen C. McEvoy | | | Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.5821 |
| Mailing Address 15 Day School Lane | | | Amount of Each Receipt this Period 600.00 |
| City Belmont | State MA | Zip Code 02478 | Individual Contribution |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 1800.00 | |
| Name of Employer Abiomed, Inc. | Occupation VP & General Counsel | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1125.00 |
| 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 19 |
| | <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. Ian Mcleod | | Date of Receipt 09 / 30 / 2015 Transaction ID : SA11AI.5823 |
| Mailing Address 22 Cherry Hill Drive | | Amount of Each Receipt this Period 750.00 |
| City Danvers | State MA | Zip Code 01923 |
| FEC ID number of contributing federal political committee. C | | Individual Contribution |
| Name of Employer Abiomed Inc. | Occupation Controller | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2250.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Mary McLoughlin | | Date of Receipt 09 / 30 / 2015 Transaction ID : SA11AI.5824 |
| Mailing Address 5704 8th Road, North | | Amount of Each Receipt this Period 375.00 |
| City Arlington | State VA | Zip Code 22205 |
| FEC ID number of contributing federal political committee. C | | Individual Contribution |
| Name of Employer Abiomed, Inc. | Occupation Director, Corporate Accounts | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1125.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Kelly Miller | | Date of Receipt 09 / 30 / 2015 Transaction ID : SA11AI.5826 |
| Mailing Address 125 S Laurel Circle | | Amount of Each Receipt this Period 300.00 |
| City Delafield | State WI | Zip Code 53018 |
| FEC ID number of contributing federal political committee. C | | Individual Contribution |
| Name of Employer Abiomed, Inc. | Occupation Clinical Operations Director | |
| 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).....▶ | 1425.00 |
| 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 19 |
| | <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. Michael Minogue | | Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.5827 |
| Mailing Address 3 Veranda Circle | | Amount of Each Receipt this Period 833.34 |
| City South Hamilton | State MA | Zip Code 01982 |
| FEC ID number of contributing federal political committee. C | Individual Contribution | |
| Name of Employer Abiomed Inc. | Occupation Chief Executive Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5833.38 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Kirsten Nikola | | Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.5835 |
| Mailing Address 399 Lowell Street | | Amount of Each Receipt this Period 75.00 |
| City Peabody | State MA | Zip Code 01960 |
| FEC ID number of contributing federal political committee. C | Individual Contribution | |
| Name of Employer Abiomed, Inc. | Occupation Executive Assistant | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Kelly O'Connor | | Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.5836 |
| Mailing Address 15988 Sweet Murcott Ct | | Amount of Each Receipt this Period 600.00 |
| City Winter Garden | State FL | Zip Code 34787 |
| 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 ▼ 1800.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1508.34 |
| 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 19 |
| | <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. Matthew Plano
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 Gleason Road
 City Reading State MA Zip Code 01867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation VP Manufacturing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.5837
 Amount of Each Receipt this Period 900.00
 Individual Contribution

B. Daniel Raess
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Cherry Hill Drive
 City Danvers State MA Zip Code 01923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.5840
 Amount of Each Receipt this Period 1249.98
 Individual Contribution

C. Vernon Rothrock
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Sunset Drive
 City Beverly State MA Zip Code 01915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Production Supervisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.5843
 Amount of Each Receipt this Period 120.00
 Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2269.98
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 16 OF 19 |
| | <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. Helio Shee
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Cherry Hill Drive
 City Danvers State MA Zip Code 01923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Manager of Field Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.5844
 Amount of Each Receipt this Period 150.00
 Individual 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 ▼ 450.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.5848
 Amount of Each Receipt this Period 150.00
 Individual 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 ▼ 450.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.5849
 Amount of Each Receipt this Period 150.00
 Individual Contribution

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 17 OF 19 |
| | <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. 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 / 2015
Transaction ID : SA11AI.5850
 Amount of Each Receipt this Period 120.00
 Individual Contribution

B. Jennifer Weddell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3312 Sherwood Drive
 City Portland State OR Zip Code 92239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abiomed, Inc. Occupation Regional Director of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.5856
 Amount of Each Receipt this Period 450.00
 Individual Contribution

C. 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 ▼ 450.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.5860
 Amount of Each Receipt this Period 150.00
 Individual Contribution

| | |
|------------------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 720.00 |
| TOTAL This Period (last page this line number only).....▶ | 13768.32 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. AdvaMed PAC

Mailing Address 701 Pennsylvania Avenue
Suite 800

City Washington State DC Zip Code 20004

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

AdvaMed PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : SB23.5862

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00

5000.00

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 type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input checked="" 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. Michael Minogue

Full Name (Last, First, Middle Initial)

Mailing Address 3 Veranda Circle

City South Hamilton State MA Zip Code 01982

Purpose of Disbursement Contribution Refund

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2015

Transaction ID : SB28A.5829

Amount of Each Disbursement this Period: 833.38

Category/Type

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 833.38

TOTAL This Period (last page this line number only)..... ▶ 833.38