

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Amgen Inc. Political Action Committee

ADDRESS (number and street)

555 13th St NW

(Check if address is changed)

Suite 600 West

Washington

DC

20004

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

AmgenPAC@myfecnotices.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-585-9728

2. DATE

01 / 05 / 2007

3. FEC IDENTIFICATION NUMBER

C C00251876

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

L. Rodger Currie

Signature of Treasurer

Electronically Filed by L. Rodger Currie

Date

01 / 05 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Amgen Inc. _____

Mailing Address **1 Amgen Center** _____

Thousand Oaks **CA** **91320** - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Connected Organization** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Amgen Inc. Political Action Committee

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **PACServices, LLC**

Mailing Address **7700 Old Branch Avenue**
Suite D-103
Clinton MD 20735

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Custodian of Records 301 868 1888

Telephone number

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **L. Rodger Currie**

Mailing Address **555 13th Street, NW**
Suite 600 West
Washington DC 20004

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
VP Government Affair 202 585 9500

Telephone number

Full Name of Designated Agent **Allison Cogbill**

Mailing Address **555 13th Street, NW**
Suite 600 West
Washington DC 20004

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Gvt Affairs Mgr 202 585 9720

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Citibank NA

Mailing Address

Level A Zone 6

399 Park Avenue

New York

NY

10043

CITY ▲

STATE ▲

ZIP CODE ▲