

**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 229 OF 260
	<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	

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)
Amgen Inc. Political Action Committee

A. Mr. Michael A. Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address One Amgen Center Drive
 City State Zip Code
 Thousand Oaks CA 91320-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Amgen Inc. Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR774813343552
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Mr. Paul A. Leavy
 Full Name (Last, First, Middle Initial)
 Mailing Address One Amgen Center Drive
 City State Zip Code
 Thousand Oaks CA 91320-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Amgen Inc. Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 532.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR774815743552
 Amount of Each Receipt this Period
 48.80
 P/R Deduction (\$24.40 Bi-Weekly)

C. Ms. Kimberly A Frailey
 Full Name (Last, First, Middle Initial)
 Mailing Address One Amgen Center Drive
 City State Zip Code
 Thousand Oaks CA 91320-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Amgen Inc. Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR774821243552
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	188.80
TOTAL This Period (last page this line number only).....▶	