Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Amgen Inc. Political Action Committee 601 13th Street, NW ADDRESS (number and street) Suite 1100 North (Check if address is changed) Washington DC 20005 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS AmgenPAC@electioncompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00251876 FEC IDENTIFICATION NUMBER 3. X 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. Portner, Greg, , , Type or Print Name of Treasurer Portner, Greg,,, [Electronically Filed] 30 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF COMMITTEE:						
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candidate information	n below.)					
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (Complete the candidate					
Name of Candidate						
Candidate Office Sought: House Senate	State President District					
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm						
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party					
Political Action Committee (PAC):						
(e) x This committee is a separate segregated fund. (Identify connected organization on line	6.) Its connected organization is a:					
Corporation Corporation w/o Capital Stock	Labor Organization					
Membership Organization Trade Association	Cooperative					
✗ In addition, this committee is a Lobbyist/Registrant PAC.						
(f) This committee supports/opposes more than one Federal candidate, and is NOT a sep committee. (i.e., nonconnected committee)	nis committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party ommittee. (i.e., nonconnected committee)					
In addition, this committee is a Lobbyist/Registrant PAC.						
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
(g) This committee is an independent expenditure-only political committee (Super PAC).						
In addition, this committee is a Lobbyist/Registrant PAC.						
(h) This committee is a political committee with both contribution and non-contribution according to the contribution ac	ounts (Hybrid PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.						
Joint Fundraising Representative:						
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
Committees Participating in Joint Fundraiser						
1.						
	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					

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۷	Vrite or Type Committee	e Name			
	Amgen Inc	. Political Action Committee			
6.		ected Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor		
	Amgen Inc.				
	Mailing Address	1 Amgen Center			
		Thousand Oaks	91320		
		CITY ▲ STATE	E ▲ ZIP CODE ▲		
	Relationship:	nnected Organization Affiliated Organization Joint Fundraising Repre	esentative Leadership PAC Sponso		
7.	Custodian of Record books and records.	ls: Identify by name, address (phone number optional) and position of the p	erson in possession of committee		
	Ou	itsourcing LLC, PAC, , ,			
	Full Name				
	Mailing Address	5845 Richmond Highway			
		Suite 820			
		Alexandria	22303		
		CITY ▲ STATE	E ▲ ZIP CODE ▲		
	Title or Position ▼				
	Custodian of Records	Telephone number	703 - 347 - 6551		
8.	<b>Treasurer:</b> 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).				
	I all Italiio	rtner, Greg, , ,			
	of Treasurer	204 404 04 4 5 104			
	Mailing Address	601 13th Street, NW			
		Suite 1100 North			
		Washington DC	20005		
		CITY ▲ STATE	E ▲ ZIP CODE ▲		
	Title or Position ▼				
	Treasurer	Telephone number	202 - 585 - 9500		

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Full Name of Designated Agent	Connelly, William, , ,	1 1 1 1 1 1			
Mailing Address	601 13th Street, NW				
	Suite 1100 North				
	Washington	DC	20005		
Title or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲		
Assistant Treasur		number 200	2   585   - 9500		
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, D	epository, etc.				
	Citibank NA				
Mailing Address	Level A Zone 6 399 Park Avenue				
	New York	NY	10043		
	CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, D	epository, etc.				
Mailing Address					
	CITY ▲	STATE ▲	ZIP CODE ▲		