

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 48 OF 245

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amgen Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Loudy, Erika, , Ms.,

Mailing Address One Amgen Center Drive

City

Thousand Oaks

State

CA

Zip Code

91320-1730

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Amgen Inc.

Occupation (for Individual)

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019

Transaction ID : PR1714324068010

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Johnston, Derek, , Mr.,

Mailing Address One Amgen Center Drive

City

Thousand Oaks

State

CA

Zip Code

91320-1730

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Amgen Inc.

Occupation (for Individual)

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019

Transaction ID : PR1714324268010

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McEneany, Susan, , Ms.,

Mailing Address One Amgen Center Drive

City

Thousand Oaks

State

CA

Zip Code

91320-1730

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Amgen Inc.

Occupation (for Individual)

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019

Transaction ID : PR1714324568010

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

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