PAGE 1/4 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) AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC) 11570 6TH STREET ADDRESS (number and street) (Check if address is changed) RANCHO CUCAMONGA 91730 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS JasonS@amphastar.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00543835 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. Bill Peters Type or Print Name of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

[Electronically Filed]

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

Bill Peters

Signature of Treasurer

2014

28

07

Date

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		COMMITTEE e Committee:					
(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.)					
Nam Can	e of didate						
	didate y Affiliati	ion Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:	maaratia				
(d)		· · · · · · · · · · · · · · · · · · ·	mocratic, ublican, etc.) Party.				
Poli	itical A	Action Committee (PAC):					
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a				
		Corporation Corporation w/o Capital Stock	abor Organization				
		Membership Organization Trade Association Co	ooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre-committee. (i.e., nonconnected committee)	gated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	draising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political				
	Com	nmittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4						

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Write or Type Committee Name			
AMPHASTAR PHARM	MACEUTICALS INC POLITIC	AL ACTION COMMIT	TTEE (AMPHASTAR PAC)
6. Name of Any Connected C	Organization, Affiliated Committee, Joi	nt Fundraising Representati	ve, or Leadership PAC Sponsor
Amphastar Pharmacei	uticals, Inc.		
	11570 6th Street		
Mailing Address			
	Rancho Cucamonga	CA	91730
	CITY	STATE	ZIP CODE
Dalatianakia 🔽 Garranta	Affiliate d Committee	Laine Essentialisis - Dannes	The ademakin DAC Common
Relationship: X Connected	d Organization Affiliated Committee	Joint Fundraising Represe	ntative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	ntify by name, address (phone number -	- optional) and position of the	e person in possession of committee
Jason Sha	andell		
Full Name			
Mailing Address	11570 6th Street		
	1		
	Rancho Cucamonga	CA	91730
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Tolophono number	909   980   9484
		Telephone number	
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the committ	ee; and the name and address of
Full Name Bill Peters			
of Treasurer			
Mailing Address	11570 6th Street		
	Rancho Cucamonga	CA CA	91730
The said Day	CITY	STATE	ZIP CODE
Title or Position Treasurer	, , , , , , , , , , , <b>,</b> , , , , , , ,	Telephone number	909  -   980  -   9484
		Telephone number	

9.

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Full Name of Designated Agent Jason Shar	ndell						
Mailing Address	11570 6th Street						
	Rancho Cucamonga CITY	CA 91730 STATE	ZIP CODE				
Title or Position Assistant Treasurer	Telephone nur	mber 909	980 – 9484				
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.  East West Bank							
East VV							
Mailing Address	19540 Jamboree Road						
	Suite 150						
	Irvine	CA 92612					
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, e	tc.						
Mailing Address							
	CITY	STATE	ZIP CODE				