

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

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

FOR LINE NUMBER: PAGE 155 OF 246

(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. PAPINEAU, Mark, , 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2007.96

Date of Receipt

10 / 31 / 2019

**Transaction ID : PR773884967788**

Amount of Each Receipt this Period

275.22

☐ Memo Item

P/R Deduction (\$91.74 Bi-Weekly)

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

**B. BERMUDEZ, Nelson, A, ,**

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)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 31 / 2019

**Transaction ID : PR773886567788**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

**C. ANTHIS, Thomas, J, 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 ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1926.00

Date of Receipt

10 / 31 / 2019

**Transaction ID : PR773890867788**

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

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

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

470.22