

# **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 48 OF 241

☒ 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. Schneider, Glenn, T., 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 ▼

1170.00

Date of Receipt

12 / 31 / 2019

**Transaction ID : PR1714323268490**

Amount of Each Receipt this Period

90.00

☐ Memo Item

P/R Deduction (\$45.00 Bi-Weekly)

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

**B. 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2019

**Transaction ID : PR1714324068490**

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. 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 ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2019

**Transaction ID : PR1714324268490**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

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

130.00