GOVERNMENT OF THE DISTRICT OF COLUMBIA BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY WASHINGTON, D.C. 20001

Year 2013

Original	LOBBYIST ACTI	VITY REPOR	RT *			
☐ Amendment	(See next page for	or instructions)	ID#			
Type of Report: Jan	intend to lo	200	127	lease indicate who		Į.
1. (a) Registrant's Name Amgen			(b)	Daytime	Phone	Number
	Ct NIM 10th Floor		E		202-585-9614	
(c) Permanent Address 601 13th	(Street Address)			shington, D.C (City, State, Zip Cod		
(d) N/A	Temporary	Ad	ddress	(while		lobbying)
NA .	(Street Address)		STATE OF THE WAS A STATE OF THE	City, State, Zip Cod	e)	
2. Lobbyist (s) Working for Registrant: Att	ach a Supplemental Sheet if add	itional space is need	ded.			
(a) Name Deron Johnson		APTY COLOR				
	Court					
Address 305 Stable View (Street Addre	ss)	Address(Street Address)				
Parkton, Maryland 211	Service Co.		,	,		
(City, State, Z				(City, State, Zip Cod	e)	
Daytime Phone Number 410-357-	Daytime Phon	e Number				
AS 10		Duyume 1 non	e rumber			
3. Person Compensating Registrant			20	00 505 0614		
(a) Name Amgen		(b) Daytime Photo	ne Number 20	02-585-9614		
(c) Address 601 13th St NW, 12th	n Floor		Was	hington, D.C.	20005	
(Street Addre	ess)			(City, State, Zip Cod	e)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(d) Nature of Business Pharmaceu	ticals			ARCHER TO BEE THE THERE'S		
4. Terms of Compensation: (a) Salarie	ed Employee	(b) Indefinite	Э			
	Salary			Duration of Employr	nent	
5. Identify matter(s) by subject and form space is needed.	al designation on which the lob	bbyist/registrant exp	pects to lobby.	Attach a Supplement	ntal Sheet if a	additional
Matters affecting the phare	maceuticals and hea	alth care indu	ustries			
Canadiana		- 181 - 18 - 18 - 18 - 18 - 18 - 18 - 1				
4						
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^{*} REMINDER – Each new or previously registered Lobbyist must file a Lobbyist Registration Form by January 15th of each year.

Rev. 12/2012

6. Identify the official and title, if known, in the Executive or Legislative Branch with whom the registrant has had oral or written communication during the reporting period relating to lobbying activities, and the date that communication was made. Attach a Supplemental Sheet if additional space is needed.

Name	Date
Name	Date
 Total compensation/receipts paid to the Lobbyist for lobbying during the reporting p (Schedule A) Total of other compensation/receipts received for lobbying services and compensatio (Schedule A-1) Total amount of Loans received by the Lobbyist in connection with lobbying during 	on paid to others: \$\frac{0}{2}
(Schedule A-2) 10. Total receipts (Add Lines 7, 8, and 9)	_{\$} _11,928.54
 11. Total of expenditures made for purposes of lobbying during the reporting period: (Schedule B) 12. Total of other expenditures related to lobbying activities: (Schedule B-1) 13. Total expenditures (Add Lines 11 and 12) 	\$\frac{11,928.54}{0}\$ \$\frac{11,928.54}{11,928.54}\$

BOARD OF ELECTIONS AND GOVERNMENT ACCOUNTABILITY LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 3 OF 8 SCHEDULE A – COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:

YEAR:	2013	
Type of Report: January	10	July
Period Covering: 7/1/2012	through	12/31/2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Amgen COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS) TOTAL THIS PERIOD CUMULATIVE TOTAL EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER FEES/COMPENSATION (FEES/COMPENSATION) 601 13th Street, NW, 12th Floor Washington, DC 20005 202-585-9614 FEES/RETAINER COMPENSATION s 11,928.54 \$0 \$ 11,928.54 \$ 22,392.54 TOTAL THIS PERIOD CUMULATIVE TOTAL EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER FEES/COMPENSATION (FEES/COMPENSATION) FEES/RETAINER COMPENSATION TOTAL THIS PERIOD CUMULATIVE TOTAL EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER FEES/COMPENSATION (FEES/COMPENSATION) FEES/RETAINER COMPENSATION CUMULATIVE TOTAL TOTAL THIS PERIOD EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER FEES/COMPENSATION (FEES/COMPENSATION) FEES/RETAINER COMPENSATION TOTAL RECEIPTS RECEIVED FOR LOBBYING s 22,392.54 s 11,928.54 (CARRY TOTAL FORWARD TO LINE 7)

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE NEXT PAGE FOR INSTRUCTIONS)

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 4 OF 8 SCHEDULE A-1 -- LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:

YEAR: 2013

	Type	of Reports	: ■Janua	ry 10 2012	□July	h 12/31/2012	
LOBBYIST/EI NAME: Amgen	MPLOYEE LOBBY						
	SATION/RECEIPTS RI LOBBYIST ACTIVIT			Γ AND/OR LOBBYIS	ST EMPLOYEE	AND PAID BY THE	COMPENSATING
	ME, ADDRESS, AND					TOTAL THIS PERIOD	CUMULATIVE TOTAL
	ADVERTISING &	PERSONAL	TRAVEL	COMPENSATION	OTHER		
OFFICE EXPENSES	PUBLICATION EXP	EXPENSES	EXPENSES	TO OTHER	EXPENSES		
\$	\$	\$	\$	\$	<u> </u>	\$	\$
EMPLOYER'	S NAME, ADDRESS,	AND TELEPH	ONE NUMBE	R		TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
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OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
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EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER					TOTAL THIS PERIOD	CUMULATIVE TOTAL	
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
		TOTAL FOR	RWARD TO	LINE 8)		\$	\$
	SPACE IS NEEDED, CH XT PAGE FOR INSTRU		ATTACH SUPI	PLEMENTAL SHEET	A-1	RI	CA Form

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 5 OF 8 SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST

YEAR: 2013

		Type of R	eport: Janua	ary 10	July	
		Period Cover	ring: 7/1/2012	through _12/31	/2012	
LOBBY	IST/EMPLOYE	E LOBBYIST				
LOANS	RECEIVED	IN CONNECTION	WITH LOBBYING A	CTIVITY.		
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E	EMPLOYER'S I	NAME, ADDRESS	AND TELEPHONE N	UMBER	TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
			Т	-		
LOAN	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER TOTAL				TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN	
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BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE 6 OF 8 SCHEDULE B - EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST YEAR: 2013

Type of Report: January 10 July							
	Period Covering: 7/1/2012 through 12/31/2012						
COMPEN	SATING REGISTRANT'S NAME: Amgen						
PAYMEN	TS MADE IN CONNECTION WITH LOBBYING	G ACTIVITIES					
CTIVITY MPLOYE	EXPENSES INCURRED, OR PAID BY T. ELOBBYIST FOR ACTIVITIES RELATIVE TO	HE COMPENSATING REGISTRANT TO D LOBBYING ACTIVITIES IN THE DISTRI	O THE LOBBYIST ICT OF COLUMBIA.	AND/OR IN-HOUSE			
DATE	NAME AND ADDRESS OF PAYEE	PURPOSE OF COMPENSATION	TOTAL THIS PERIOD	CUMULATIVE TOTAL			
12/31/12	Deron Johnson	Pro-rata share of compensation	11,928.54	\$10,464			
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		8	R	\$			
	TOTAL EXPENDITURES I		\$ 11,928.54	s22,392.54			

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE NEXT PAGE FOR INSTRUCTIONS)

REV. 12/2012

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY LOBBYIST/COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE 7 OF 8 SCHEDULE B-1 -- OTHER EXPENDITURES

YEAR: 2013

COMPEN	SATING REGISTRANT'S NAME: A	mgen		
OTHER A	ACTIVITY EXPENSES INCURRED MPLOYEE LOBBYIST FOR ACTI	O, OR PAID BY THE COMPENSATING REGISTRA VITES RELATIVE TO LOBBYING ACTIVITIES I	ANT TO THE LOBBYIST AND/OR IN- IN THE DISTRICT.	8
ATE	NAME OF RECIPIENT	DESCRIPTION OF CONSIDERATION	TYPE OF COMPENSATION PAID (LOANS, CONTRIBUTION, GIFTHONORARIA, ETC.)	r, TOTAL PAYMEN
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4 <u>2-620-</u> 48 E	 OTHEREXPENDITURES PAI			

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY

LOBBYIST ACTIVITY REPORT SCHEDULE C

YEAR 2013

OCF FORM 26

(See next page for Instructions)

Type of Report: X January 10 July							
Covering Period	Covering Period 7/1/2012 through 12/31/2012						
	LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: Amgen						
DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT					
	Picture and the second	Account of the contract of the					
	~ <u> </u>						
		KIRIPUN UN DO DO MODO.					
	10003.00						
		of perjury that the statements contained knowledge, true, correct, and complete.					
VC	See al						
Signature of Represent must	gistrant (or, if not an individual, an sign).	authorized officer or agent* of					
*The lobbyist retain registrant.	^	es may not sign on behalf of the compensating					
Subscribed and sworn to before me on this 8th day of January, While S. Marray							
-40D		W SIL					
My commission	Expires: 02/14/2014	Notary Public					

REV 7/2000