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JAN 14 2020  
WV Ethics Commission

West Virginia Ethics Commission

# Lobbyist Activity Report Form

2019-03

West Virginia Ethics Commission

Attn: Lobbyist Registrar

210 Brooks St., Ste. 300

Charleston, WV 25301

304-558-0664 *No faxed copies*

*For office use only:*

Postmark \_\_\_\_\_ Rec'd \_\_\_\_\_

Days late \_\_\_\_\_ Fine \_\_\_\_\_

*Late reporting fine - \$10 per business day past the due date (\$250 maximum)*

**1. Name and contact information**

Name Allyson Blandford Phone 463-203-3717  
 Business Address 11146 Oakridge Drive Business Email ablandfo@amgen.com  
 City, State Zip Fishers, Indiana 46038

**2. Reporting period for which this activity report is being filed**

Check	Report	Period	Due Date				
x	2019-3	9/1/19 – 12/31/19	1/15/2020				

**3. List all employers/organizations that you represent as a lobbyist**

*Use additional reporting forms if necessary.*

- 1. Amgen, Inc.
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."**

None.

**5. Expenditures**

If no expenditures, including campaign contributions, mark here:  \_\_\_\_\_

If you spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of the following categories per each employer you represent. Complete and attach Schedule A to this report.

Expenditure Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A. Meals and Beverages	\$0	\$	\$	\$	\$	\$	\$0
B. Lodging	\$0	\$	\$	\$	\$	\$	\$0
C. Advertising	\$0	\$	\$	\$	\$	\$	\$0
D. Travel	\$0	\$	\$	\$	\$	\$	\$0
E. Gifts	\$0	\$	\$	\$	\$	\$	\$0
F. Other Expenses	\$0	\$	\$	\$	\$	\$	\$0
G. Group Expenditures	\$0	\$	\$	\$	\$	\$	\$0
H. Campaign Contributions	<i>LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.</i>						\$0
I. TOTAL of all expenditures	\$	\$	\$	\$	\$	\$	\$0

If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and attach a Schedule B for each event.