## Received

## MAY 1 5 2020

## WV Ethics Commission

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2020-01

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\_

Late reporting fine - \$10 per business day past the due date (\$250 maximum)									e
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									
Reporting period for which this activity report is being filed									
Check									
X	<del></del>	1/1/20 - 4/30/20	5/15/2020	THE PROPERTY OF THE PARTY OF TH					
		, , , , , , , , , , , , ,	, , , , , , , , ,	STATE OF THE PARTY.					
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.									
Amgen Inc									
2 5									
3 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.									
-	diture Cate		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
Α.		d Beverages	\$0	\$	\$	\$	\$	\$	\$0
В.	Lodging		\$0	\$	\$	\$	\$	\$	\$
C.	Advertisir	ng	\$0	\$	\$	\$	\$	\$	\$
D.	Travel Gifts		\$0	\$	\$	\$	\$	\$	\$
F.		noncos	\$0		\$		\$	-	\$
G.	Other Exp		\$0 \$0	\$	\$	\$	\$	\$	\$
_		penditures		, ·	1		2	3	
H.		Contributions	\$0	T IN "TOTAL EX	S COLU	Ś	Ś	Ś	\$0 <b>\$</b> 0
I.	I. TOTAL of all expenditures \$0 \$ \$ \$ \$ \$ \$ 0 \$ S If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and								
ii you :	shourning (	or contributed to ar	is group event	or shared expe	ilses, list the to	tai expended in ca	regory 3G imm	leulately above	e. Complete and

attach a Schedule B for each event.