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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name	
Organization Winstead Sechrest and Minick, P.	
2. Address Check if different than previously reported	
Address1 1850 M Street NW, Suite 800	
City Washington State	DC Zip Code 20036 Country USA
3. Principal place of business (if different than line 2)	
City Dallas State	TX Zip Code 75270-2199 Country USA
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail 5. Senate ID#
Mr. William LaForge 202-572-8016 wl	aforge@winstead.com 42741-734
7. Client Name Self	6. House ID#
Amgen, Inc.	33542037
10. Check if this is a Termination Report ☐ ⇒ Termination Date of the Income of the I	2 12 OR Line 13 13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting were:
Less than \$10,000	Less than \$10,000
\$10,000 or more	\$10,000 or more
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate expensaccounting method. See instructions for description of option
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions only Method B. Reporting amounts under section 6033(b)(8) o Internal Revenue Code
	Method C. Reporting amounts under section 162(e) of the Revenue Code
Printed Name and Title William LaForge, Shareholder	Form Con
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Page 1

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5. General issue	e area code	Pharmacy	(one per page)
6. Specific lobb	ying issues		Add page to continue specific issues description for this issue >
Pharmaceuti	cal product and pate	nt production.	
7 House(s) of	Congress and Feder	al agencies contacte	ed Check if None
		ar agencies contact	Car Collect II Tolic
United States	s Senate		
	*		
	h individual who ac	ted as a lobbyist in	this issue area Add a page to continue additing lobbyists for
8. Name of eac	Name	·	this issue area Add a page to continue additing lobbyists for Covered Official Position (if applicable)
8. Name of eac		eted as a lobbyist in Suffix	t
8. Name of eac	Name Last Name	·	Covered Official Position (if applicable)
8. Name of eac	Name Last Name	·	Covered Official Position (if applicable)
8. Name of eac First Name Villiam	Name Last Name	Suffix	Covered Official Position (if applicable)
8. Name of eac First Name Villiam	Name Last Name LaForge	Suffix	Covered Official Position (if applicable)
8. Name of eac First Name Villiam	Name Last Name LaForge	Suffix	Covered Official Position (if applicable) Shareholder
8. Name of eac First Name Villiam	Name Last Name LaForge	Suffix	Covered Official Position (if applicable) Shareholder
8. Name of eac First Name Villiam	Name Last Name LaForge	Suffix	Covered Official Position (if applicable) Shareholder
8. Name of eac First Name William	Name Last Name LaForge	Suffix	Covered Official Position (if applicable) Shareholder

Printed Name and Title William LaForge, Shareholder ///// Filing #a3d262d2-76eb-40a3-b74d-e906bcd5e0ee - Page 3 of 6

LD-2DS (REV. 4/03)

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Registrant Name Winstea	d Sechrest and Minick, P.C.	Client Name Amgen, In	C.	
Information Upda	te Page - Complete ONLY w	here registration inforr	nation has changed	i.
20. Client new address Address				*
City 21. Client new principal	place of business (if different than lin	State Zip Code (ne 20)	Country	; } ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City 22. New general descrip	tion of client's business or activities	State Zip Code	Country	
LOBBYIST UPDAT 23. Name of each prev	FE riously reported individual who is I	no longer expected to act a	s a lobbyist for the clie	ent
1	Lest Petit. Sullix	3	LESS INSTITE	Sulli
2		4	es e e e e e e e e e e e e e e e e e e	· · · · · · · · · · · · · · · · · · ·
ISSUE UPDATE		Find the code to s	select below	
24. General lobbying i	ssues that no longer pertain			- **
AFFILIATED ORG	GANIZATIONS affiliated organization(s)			
Name		Address	Principal place of Bu	 isiness
		CS MARKET MA	(city and state or co	ountry)
	Address C/S/Z Address C/S/Z		City State Count City State	1y , , .
26. Name of each prev	iously reported organization that is	s no longer affiliated with t	he registrant or client	
1	2	3		
FOREIGN ENTITI 27. Add the following				2.4
Name	Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owner percen client
		City State Country	\$ 1. 3	
	usly reported foreign entity that no lo	nger owns, or controls, or is	affiliated with the registr	ant, cl
affiliated organization	। ব্ৰ			•
2	4	[
			Add a page for n	nore upo
Printed Name and Title	William LaForge, Shareholde	ar / //////		V - V - W
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