

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1 / 631  
01/18/2001 15 : 34

<b>1. NAME OF COMMITTEE (in full)</b> <b>Glaxo Wellcome Inc. PAC</b>	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported Five Moore Drive P.O. Box 13358	<b>2. FEC IDENTIFICATION NUMBER</b> C00195703
<b>CITY, STATE, and ZIP CODE</b> Research Triangle NC 27709	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_  
(election type) \_\_\_\_\_  
election on \_\_\_\_\_ In the State of \_\_\_\_\_
- Thirtieth day report following the General Election  
on \_\_\_\_\_ In the State of \_\_\_\_\_
- (b) Is this Report an Amendment  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/28/2000</u> through <u>12/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u> .....		125375.36
(b) Cash on Hand at Beginning of Reporting Period .....	48703.06	
(c) Total Receipts (from line 19) .....	86445.24	645411.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	135148.30	774787.28
7. Total Disbursements (from line 30) .....	7008.34	648647.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	128139.56	128139.96
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.	
Type or Print Name of Treasurer <b>Electronically Filed by Gary Salamido</b>	
Signature of Treasurer	Date 01/18/2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>Glaxo Wellcome Inc. PAC</b>		REPORT COVERING PERIOD FROM 11/28/2000 TO: 12/31/2000	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	56849.84	189637.72	11.a.i.
ii. Unitemized .....	29795.40	450574.20	11.a.ii.
iii. Total .....	86445.24	640211.92	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions .....	86445.24	640211.92	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00	12.
13. All Loans Received .....	0.00	0.00	13.
14. Loan Repayments Received .....	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	200.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	5000.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	86445.24	645411.92	19.
20. Total Federal Receipts .....	86445.24	645411.92	20.
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	0.00	0.00	21.a.i.
ii. Non-Federal Share .....	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures .....	0.00	0.00	21.b.
c. Total Operating Expenditures .....	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	500.00	489562.14	23.
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made .....	0.00	0.00	26.
27. Loans Made .....	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....	8.34	85.18	28.a.
b. Political Party Committees .....	0.00	0.00	28.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	28.c.
d. Total Contributions Refunds .....	8.34	85.18	28.d.
29. Other Disbursements .....	6500.00	157000.00	29.
30. Total Disbursements .....	7008.34	646647.32	30.
31. Total Federal Disbursements .....	7008.34	646647.32	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	86445.24	640211.92	32.
33. Total Contribution Refunds (from line 28d) .....	8.34	85.18	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	86436.90	640126.74	34.
35. Total Federal Operating Expenditures .....	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	200.00	36.
37. Net Operating Expenditures .....	0.00	-200.00	37.

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> ABBATE GASPARE  420 E 72nd St Apt 18a  New York NY 10021		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.35
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 311.62			
<b>Full Name, Mailing Address, and ZIP Code</b> ABBATE GASPARE  420 E 72nd St Apt 15a  New York NY 10021		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.35
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 325.97			
<b>Full Name, Mailing Address, and ZIP Code</b> ABBATE GASPARE  420 E 72nd St Apt 18a  New York NY 10021		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.35
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 340.32			
<b>Full Name, Mailing Address, and ZIP Code</b> ABDALLA JOSEPH T.  9113 Tealby Pl  Raleigh NC 27615		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 23.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Reg. Sales Dir			
		<b>Aggregate Year-to-Date</b> > \$ 517.86			
<b>Full Name, Mailing Address, and ZIP Code</b> ABDALLA JOSEPH T.  9113 Tealby Pl  Raleigh NC 27815		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 23.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Reg. Sales Dir			
		<b>Aggregate Year-to-Date</b> > \$ 541.74			
<b>Full Name, Mailing Address, and ZIP Code</b> ABDALLA JOSEPH T.  9113 Tealby Pl  Raleigh NC 27815		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 23.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Reg. Sales Dir			
		<b>Aggregate Year-to-Date</b> > \$ 565.62			
<b>Full Name, Mailing Address, and ZIP Code</b> ABELL GEORGE S.  508 Hardscrabble Dr  Hillsborough NC 27278		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Mgr. State Programs			
		<b>Aggregate Year-to-Date</b> > \$ 187.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>4 / 631</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> ABELL GEORGE S.  508 Hardscrabble Dr Hillsborough NC 27278  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.50
	Occupation Mgr. State Programs		
	Aggregate Year-to-Date $\gg$ \$ 156.50		
<b>Full Name, Mailing Address, and ZIP Code</b> ABELL GEORGE S.  508 Hardscrabble Dr Hillsborough NC 27278  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.50
	Occupation Mgr. State Programs		
	Aggregate Year-to-Date $\gg$ \$ 204.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ACKARMAN LINDA L.  1282 310th St Ventura IA 50482  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.48
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date $\gg$ \$ 358.32		
<b>Full Name, Mailing Address, and ZIP Code</b> ACKARMAN LINDA L.  1282 310th St Ventura IA 50482  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.48
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date $\gg$ \$ 372.80		
<b>Full Name, Mailing Address, and ZIP Code</b> ACKARMAN LINDA L.  1282 310th St Ventura IA 50482  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.48
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date $\gg$ \$ 388.28		
<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS CARROLL K.  225 Golfview Club Drive Newnan GA 30263  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Reg. Sales Dir		
	Aggregate Year-to-Date $\gg$ \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS CARROLL K.  225 Golfview Club Drive Newnan GA 30263  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Reg. Sales Dir		
	Aggregate Year-to-Date $\gg$ \$ 191.82		

**SUBTOTALS** of Receipts This Page (Optional) .....

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Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS CARROLL K.  225 Golfview Club Drive  Newnan GA 30263	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Sales Dir	<b>Aggregate Year-to-Date</b> > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS GRACE E.  2210 Fawnfield Ln  San Antonio TX 78248	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS GRACE E.  2210 Fawnfield Ln  San Antonio TX 78248	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS GRACE E.  2210 Fawnfield Ln  San Antonio TX 78248	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS JAMES R.  204 Barometer Ln  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.48	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Consultant	<b>Aggregate Year-to-Date</b> > \$ 401.82		
<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS JAMES R.  204 Barometer Ln  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.48	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Consultant	<b>Aggregate Year-to-Date</b> > \$ 420.30		
<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS JAMES R.  204 Barometer Ln  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.48	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Consultant	<b>Aggregate Year-to-Date</b> > \$ 438.78		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS LISA MARIE  4868 Kasson Rd  Syracuse NY 13215  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.34
	Occupation Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 310.38		
<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS LISA MARIE  4868 Kasson Rd  Syracuse NY 13215  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.34
	Occupation Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 324.72		
<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS LISA MARIE  4868 Kasson Rd  Syracuse NY 13215  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.34
	Occupation Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 339.06		
<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS SHARON ELIZABETH  1421 Venus Dr  St Peters MD 63376  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.57
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date > \$ 207.18		
<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS SHARON ELIZABETH  1421 Venus Dr  St Peters MD 63376  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.57
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date > \$ 216.75		
<b>Full Name, Mailing Address, and ZIP Code</b> ADAMS SHARON ELIZABETH  1421 Venus Dr  St Peters MD 63376  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.57
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date > \$ 226.32		
<b>Full Name, Mailing Address, and ZIP Code</b> ADLER DAVID S.  11144 Wyclone Ave  Northridge CA 91326  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.10
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 351.38		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> ADLER DAVID S.  11144 Wyclone Ave  Northridge CA 91326  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 367.48	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.10		
<b>Full Name, Mailing Address, and ZIP Code</b> ADLER DAVID S.  11144 Wyclone Ave  Northridge CA 91326  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 383.58	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.10		
<b>Full Name, Mailing Address, and ZIP Code</b> AFANSEV ROBERT  11312 Morning Glory Ct  Riverside CA 92503  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 395.38	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.26		
<b>Full Name, Mailing Address, and ZIP Code</b> AFANSEV ROBERT  11312 Morning Glory Ct  Riverside CA 92503  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 414.90	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.54		
<b>Full Name, Mailing Address, and ZIP Code</b> AFANSEV ROBERT  11312 Morning Glory Ct  Riverside CA 92503  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 434.44	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 19.54		
<b>Full Name, Mailing Address, and ZIP Code</b> AIKEN DANIEL M.  5900 W Maple Grove Rd  Ellettsville IN 47429  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 279.56	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.52		
<b>Full Name, Mailing Address, and ZIP Code</b> AIKEN DANIEL M.  5900 W Maple Grove Rd  Ellettsville IN 47429  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 292.48	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.02		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>8 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> AIKEN DANIEL M.  5800 W Maple Grove Rd  Ellettsville IN 47420  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 305.40	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  12.82	
<b>Full Name, Mailing Address, and ZIP Code</b> AITKEN ANN MARIE  200 Homestead Ave  Haddonfield NJ 08033  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> AITKEN ANN MARIE  200 Homestead Ave  Haddonfield NJ 08033  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> AITKEN ANN MARIE  200 Homestead Ave  Haddonfield NJ 08033  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ALDY LARRY O.  8713 Red Brook Dr #202  Las Vegas NV 89128  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ALDY LARRY O.  8713 Red Brook Dr #202  Las Vegas NV 89128  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ALDY LARRY O.  8713 Red Brook Dr #202  Las Vegas NV 89128  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>9 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ALFONSO JUN B.  7036 Santa Paula Cir  Buena Park CA 90620  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ALFONSO JUN B.  7036 Santa Paula Cir  Buena Park CA 90620  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ALFONSO JUN B.  7036 Santa Paula Cir  Buena Park CA 90620  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ALLEN TAMARA JEAN  1816 Cross Bend  Plano TX 75023  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 221.19	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.44	
<b>Full Name, Mailing Address, and ZIP Code</b> ALLEN TAMARA JEAN  1816 Cross Bend  Plano TX 75023  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 233.63	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.44	
<b>Full Name, Mailing Address, and ZIP Code</b> ALLEN TAMARA JEAN  1816 Cross Bend  Plano TX 75023  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 246.07	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.44	
<b>Full Name, Mailing Address, and ZIP Code</b> ALLRED SHARON L.  2817 E 38th St  Tulsa OK 74105  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/HIV  <b>Aggregate Year-to-Date</b> > \$ 353.70	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.41	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>10 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> ALLRED SHARON L.  2817 E 38th St  Tulsa OK 74105	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.41
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 370.11		
<b>Full Name, Mailing Address, and ZIP Code</b> ALLRED SHARON L.  2817 E 38th St  Tulsa OK 74105	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.41
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 366.52		
<b>Full Name, Mailing Address, and ZIP Code</b> ALMENDARES DEBORAH J.  1301 Primrose Ln  Desoto TX 75115	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.24
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 287.50		
<b>Full Name, Mailing Address, and ZIP Code</b> ALMENDARES DEBORAH J.  1301 Primrose Ln  Desoto TX 75115	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.24
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.74		
<b>Full Name, Mailing Address, and ZIP Code</b> ALMENDARES DEBORAH J.  1301 Primrose Ln  Desoto TX 75115	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.24
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 313.98		
<b>Full Name, Mailing Address, and ZIP Code</b> ALTNEU RONALD  15 Northway  Hartsdale NY 10530	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> ALTNEU RONALD  15 Northway  Hartsdale NY 10530	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>11 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> ALTNEU RONALD  15 Northway  Hartsdale NY 10530  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> ALTRICHTER JAMES J.  2605 Thornhill Rd Se  Puyallup WA 98374  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 384.86	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.81		
<b>Full Name, Mailing Address, and ZIP Code</b> ALTRICHTER JAMES J.  2605 Thornhill Rd Se  Puyallup WA 98374  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 402.67	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.81		
<b>Full Name, Mailing Address, and ZIP Code</b> ALTRICHTER JAMES J.  2605 Thornhill Rd Se  Puyallup WA 98374  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 420.48	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.81		
<b>Full Name, Mailing Address, and ZIP Code</b> ALVAREZ LYDIA L.  8433 Manuel Cia Pl Ne  Albuquerque NM 87122  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 273.58	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.73		
<b>Full Name, Mailing Address, and ZIP Code</b> ALVAREZ LYDIA L.  8433 Manuel Cia Pl Ne  Albuquerque NM 87122  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 287.31	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.73		
<b>Full Name, Mailing Address, and ZIP Code</b> ALVAREZ LYDIA L.  8433 Manuel Cia Pl Ne  Albuquerque NM 87122  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 301.04	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.73		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>12 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> ALVAREZ SANDY J.  12400 Harcourt Dr  Raleigh NC 27613	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Strategic Ops - Mngd Care	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> ALVAREZ SANDY J.  12400 Harcourt Dr  Raleigh NC 27613	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Strategic Ops - Mngd Care	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> ALVAREZ SANDY J.  12400 Harcourt Dr  Raleigh NC 27613	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Strategic Ops - Mngd Care	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> ALVAREZ-MACHIRAN JULIO  300 Durant Apt 104  Chapel Hill NC 27514	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.86		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc VIII	<b>Aggregate Year-to-Date</b> > \$ 432.30			
<b>Full Name, Mailing Address, and ZIP Code</b> ALVAREZ-MACHIRAN JULIO  300 Durant Apt 104  Chapel Hill NC 27514	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 3.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc VIII	<b>Aggregate Year-to-Date</b> > \$ 435.30			
<b>Full Name, Mailing Address, and ZIP Code</b> ALVAREZ-MACHIRAN JULIO  300 Durant Apt 104  Chapel Hill NC 27514	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 3.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc VIII	<b>Aggregate Year-to-Date</b> > \$ 438.30			
<b>Full Name, Mailing Address, and ZIP Code</b> AMATI MICHELLE M.  29 Streater Rd  Hubbardston MA 01452	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.58		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 294.50			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>13 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> AMATI MICHELLE M.  29 Streeter Rd  Hubbardston MA 01452	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.58
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 308.08		
<b>Full Name, Mailing Address, and ZIP Code</b> AMATI MICHELLE M.  29 Streeter Rd  Hubbardston MA 01452	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.58
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 321.66		
<b>Full Name, Mailing Address, and ZIP Code</b> AMICO ANNE M.  10561 Churchill Dr  Powell OH 43065	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> AMICO ANNE M.  10561 Churchill Dr  Powell OH 43065	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> AMICO ANNE M.  10561 Churchill Dr  Powell OH 43065	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON BRAD D.  3809 S Thunderbird Trl  Sioux Falls SD 57103	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON BRAD D.  3809 S Thunderbird Trl  Sioux Falls SD 57103	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>14 / 631</b>
			<b>FOR LINE NUMBER 11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON BRAD D.  3809 S Thunderbird Trl  Sioux Falls SD 57103  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Exec Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON JOHN C  3412 Brandon Dr  Valdosta GA 31605  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 218.86	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.17
<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON JOHN C  3412 Brandon Dr  Valdosta GA 31605  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 230.13	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.17
<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON JOHN C  3412 Brandon Dr  Valdosta GA 31605  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 240.30	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.17
<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON KIP W.  5761 Quayle Creek Rd  Macungie PA 18062  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Market Development  Aggregate Year-to-Date > \$ 404.10	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 18.72
<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON KIP W.  5761 Quayle Creek Rd  Macungie PA 18062  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Market Development  Aggregate Year-to-Date > \$ 422.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 18.72
<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON KIP W.  5761 Quayle Creek Rd  Macungie PA 18062  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Market Development  Aggregate Year-to-Date > \$ 441.54	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 18.72

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>15 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON MARY L.  4126 Kansas Ave  Kenner LA 70065  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON MARY L.  4126 Kansas Ave  Kenner LA 70065  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON MARY L.  4126 Kansas Ave  Kenner LA 70065  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON MERV  123 N Sherwood Cir  Bloomington IL 60108  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 295.76	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON MERV  123 N Sherwood Cir  Bloomington IL 60108  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 295.76	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ANDERSON MERV  123 N Sherwood Cir  Bloomington IL 60108  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 305.76	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ANDREW ROBERT E.  1521 Rockwood Downs Dr  Wendell NC 27591  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Prin Production Eng  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>16 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> ANDREW ROBERT E.  1521 Rockwood Downs Dr  Wendell NC 27591  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  10.00	
	Occupation Prin Production Eng	Aggregate Year-to-Date $\gg$ \$ 230.00		
	<b>Full Name, Mailing Address, and ZIP Code</b> ANDREW ROBERT E.  1521 Rockwood Downs Dr  Wendell NC 27591  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			Name of Employer Glaxo Wellcome Inc.
Occupation Prin Production Eng	Aggregate Year-to-Date $\gg$ \$ 240.00	<b>Full Name, Mailing Address, and ZIP Code</b> ANDRIES TERRY M.  1105 Brook Hill Rd  Mc Kinney TX 75070  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  10.00		
Occupation District Sales Manager	Aggregate Year-to-Date $\gg$ \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> ANDRIES TERRY M.  1105 Brook Hill Rd  Mc Kinney TX 75070  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000
Occupation District Sales Manager	Aggregate Year-to-Date $\gg$ \$ 230.00	<b>Full Name, Mailing Address, and ZIP Code</b> ANDRIES TERRY M.  1105 Brook Hill Rd  Mc Kinney TX 75070  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  10.00		
Occupation District Sales Manager	Aggregate Year-to-Date $\gg$ \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> ANTONELLI EILEEN  300 Gentle Woods Drive  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000
Occupation Assoc. Prod. Mgr.	Aggregate Year-to-Date $\gg$ \$ 394.72	<b>Full Name, Mailing Address, and ZIP Code</b> ANTONELLI EILEEN  300 Gentle Woods Drive  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  18.55		
Occupation Assoc. Prod. Mgr.	Aggregate Year-to-Date $\gg$ \$ 413.27			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	17 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> ANTONELLI EILEEN  300 Gentle Woods Drive  Cary NC 27511		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.55
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Assoc. Prod. Mgr.		<b>Aggregate Year-to-Date</b> > \$ 431.82	
<b>Full Name, Mailing Address, and ZIP Code</b> ARCHBOLD PHILIP R.  220 Edgewater Circle  Chapel Hill NC 27516		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Product Mgr. I		<b>Aggregate Year-to-Date</b> > \$ 220.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ARCHBOLD PHILIP R.  220 Edgewater Circle  Chapel Hill NC 27516		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Product Mgr. I		<b>Aggregate Year-to-Date</b> > \$ 230.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ARCHBOLD PHILIP R.  220 Edgewater Circle  Chapel Hill NC 27516		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Product Mgr. I		<b>Aggregate Year-to-Date</b> > \$ 240.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ARENDT TIMOTHY R.  7125 Trenton Ridge Court  Raleigh NC 27813		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Reg. Sales Dir - Specialty		<b>Aggregate Year-to-Date</b> > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> ARENDT TIMOTHY R.  7125 Trenton Ridge Court  Raleigh NC 27813		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Reg. Sales Dir - Specialty		<b>Aggregate Year-to-Date</b> > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> ARENDT TIMOTHY R.  7125 Trenton Ridge Court  Raleigh NC 27813		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Reg. Sales Dir - Specialty		<b>Aggregate Year-to-Date</b> > \$ 200.18	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	18 / 631
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> ARNS DAVID J  550 South Clay Apt. A-4  Kirkwood MO 63122		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> ARNS DAVID J  550 South Clay Apt. A-4  Kirkwood MO 63122		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 230.00			
<b>Full Name, Mailing Address, and ZIP Code</b> ARNS DAVID J  550 South Clay Apt. A-4  Kirkwood MO 63122		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> ARREDONDO ROBERT Y.  873 E San Antonio St  San Jose CA 95116		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> ARREDONDO ROBERT Y.  873 E San Antonio St  San Jose CA 95116		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> ARREDONDO ROBERT Y.  873 E San Antonio St  San Jose CA 95116		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> ASHBURNER DAVID A.  5901 Sicilian Cir  Plano TX 75093		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 23.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 512.68			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>19 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ASHBURNER DAVID A.  5901 Sicilian Cir  Plano TX 75093  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 538.33	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 23.65	
<b>Full Name, Mailing Address, and ZIP Code</b> ASHBURNER DAVID A.  5901 Sicilian Cir  Plano TX 75093  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 558.88	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 23.65	
<b>Full Name, Mailing Address, and ZIP Code</b> ASHER PAMELA M.  17721 E Ida Ave  Aurora CO 80015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 288.10	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.19	
<b>Full Name, Mailing Address, and ZIP Code</b> ASHER PAMELA M.  17721 E Ida Ave  Aurora CO 80015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 298.29	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.19	
<b>Full Name, Mailing Address, and ZIP Code</b> ASHER PAMELA M.  17721 E Ida Ave  Aurora CO 80015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 312.48	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.19	
<b>Full Name, Mailing Address, and ZIP Code</b> ASHLEY JACK BRADY  215 Cambridge Rd  Henrietta TX 76365  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 275.38	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.70	
<b>Full Name, Mailing Address, and ZIP Code</b> ASHLEY JACK BRADY  215 Cambridge Rd  Henrietta TX 76365  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 288.08	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.70	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>20 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> ASHLEY JACK BRADY  215 Cambridge Rd  Henrietta TX 76365  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 300.78	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.70
<b>Full Name, Mailing Address, and ZIP Code</b> ATKINSON GEORGE W.  3301 Horseshoe Bnd  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Prin Consultant  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> ATKINSON GEORGE W.  3301 Horseshoe Bnd  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Prin Consultant  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> ATKINSON GEORGE W.  3301 Horseshoe Bnd  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Prin Consultant  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> AULL LARRY D.  5070 Tumbery Place  Monroe GA 30856  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Regional Medical Scientist  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> AULL LARRY D.  5070 Tumbery Place  Monroe GA 30856  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Regional Medical Scientist  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> AULL LARRY D.  5070 Tumbery Place  Monroe GA 30856  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Regional Medical Scientist  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>21 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> AUMILLER JOSEPH F.  476 Shana St  Canton MI 48187	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.16
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 285.98		
<b>Full Name, Mailing Address, and ZIP Code</b> AUMILLER JOSEPH F.  476 Shana St  Canton MI 48187	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.16
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 299.14		
<b>Full Name, Mailing Address, and ZIP Code</b> AUMILLER JOSEPH F.  476 Shana St  Canton MI 48187	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.16
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 312.30		
<b>Full Name, Mailing Address, and ZIP Code</b> AVALLONE JOSEPH N.  114 Hazelton Ter  Mullica Hill NJ 08062	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> AVALLONE JOSEPH N.  114 Hazelton Ter  Mullica Hill NJ 08062	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> AVALLONE JOSEPH N.  114 Hazelton Ter  Mullica Hill NJ 08062	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> AZELBY KAREN U.  1800 Old Gulph Rd  Villanova PA 19085	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.38
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 354.84		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>22 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> AZELBY KAREN U.  1800 Old Gulph Rd  Villanova PA 19085  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 371.22	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.38	
<b>Full Name, Mailing Address, and ZIP Code</b> AZELBY KAREN U.  1800 Old Gulph Rd  Villanova PA 19085  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 397.60	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.38	
<b>Full Name, Mailing Address, and ZIP Code</b> BACANI DELANO S.  14 Coltrall Dr  Clarksburg NJ 08510  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 278.98	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.88	
<b>Full Name, Mailing Address, and ZIP Code</b> BACANI DELANO S.  14 Coltrall Dr  Clarksburg NJ 08510  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 291.86	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.88	
<b>Full Name, Mailing Address, and ZIP Code</b> BACANI DELANO S.  14 Coltrall Dr  Clarksburg NJ 08510  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 304.74	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.88	
<b>Full Name, Mailing Address, and ZIP Code</b> BADE JAMES S  15835 N. 59th St.  Scottsdale AZ 85254  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 238.12	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.05	
<b>Full Name, Mailing Address, and ZIP Code</b> BADE JAMES S  15835 N. 59th St.  Scottsdale AZ 85254  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 249.17	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.05	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>23 / 631</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BADE JAMES S  15835 N. 59th St. Scottsdale AZ 85254	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.05
	Occupation Sr. Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 280.22		
<b>Full Name, Mailing Address, and ZIP Code</b> BAER ANDREW P.  936 N Sharon Amity Charlotte NC 28211	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.66
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 187.64		
<b>Full Name, Mailing Address, and ZIP Code</b> BAER ANDREW P.  936 N Sharon Amity Charlotte NC 28211	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.66
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 198.30		
<b>Full Name, Mailing Address, and ZIP Code</b> BAER ANDREW P.  936 N Sharon Amity Charlotte NC 28211	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.66
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 204.96		
<b>Full Name, Mailing Address, and ZIP Code</b> BAICY WILLIAM O.  105 Crimmons Circle Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 25.00
	Occupation VP Strategy & Product Develop		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
<b>Full Name, Mailing Address, and ZIP Code</b> BAILEY RICHARD J.  16122 Morehead Chapel Hill NC 27514	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 117.50
	Occupation Sr. VP Strategic Bus Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1385.00		
<b>Full Name, Mailing Address, and ZIP Code</b> BAKER DIANA J.  5750 Sw 132nd Ter Miami FL 33156	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	24 / 631
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> BAKER DIANA J.  5750 Sw 132nd Ter  Miami FL 33156	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager				
<b>Aggregate Year-to-Date</b> > \$ 151.82					
<b>Full Name, Mailing Address, and ZIP Code</b> BAKER DIANA J.  5750 Sw 132nd Ter  Miami FL 33156	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager				
<b>Aggregate Year-to-Date</b> > \$ 200.16					
<b>Full Name, Mailing Address, and ZIP Code</b> BAKER SALLY A.  475 Merritt Ave Apt 4  Oakland CA 94610	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.12		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Tas				
<b>Aggregate Year-to-Date</b> > \$ 255.30					
<b>Full Name, Mailing Address, and ZIP Code</b> BAKER SALLY A.  475 Merritt Ave Apt 4  Oakland CA 94610	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.12		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Tas				
<b>Aggregate Year-to-Date</b> > \$ 267.42					
<b>Full Name, Mailing Address, and ZIP Code</b> BAKER SALLY A.  475 Merritt Ave Apt 4  Oakland CA 94610	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.12		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Tas				
<b>Aggregate Year-to-Date</b> > \$ 279.54					
<b>Full Name, Mailing Address, and ZIP Code</b> BAKER WILLIAM P.  655 Lashley St  Morgantown WV 26505	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 183.48					
<b>Full Name, Mailing Address, and ZIP Code</b> BAKER WILLIAM P.  655 Lashley St  Morgantown WV 26505	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 191.82					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>25 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BAKER WILLIAM P.  655 Lashley St Morgantown WV 26505  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> BAKHRU RAMESH U.  7250 Prince Wilbert Way West Chester OH 45069  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 303.04	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.99
<b>Full Name, Mailing Address, and ZIP Code</b> BAKHRU RAMESH U.  7260 Prince Wilbert Way West Chester OH 45069  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 317.03	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.89
<b>Full Name, Mailing Address, and ZIP Code</b> BAKHRU RAMESH U.  7290 Prince Wilbert Way West Chester OH 45069  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 331.02	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.99
<b>Full Name, Mailing Address, and ZIP Code</b> BALDWIN SCOTT E.  1160 Natalie Dr West Chicago IL 60185  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 209.38	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.67
<b>Full Name, Mailing Address, and ZIP Code</b> BALDWIN SCOTT E.  1160 Natalie Dr West Chicago IL 60185  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 219.05	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.67
<b>Full Name, Mailing Address, and ZIP Code</b> BALDWIN SCOTT E.  1160 Natalie Dr West Chicago IL 60185  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 228.72	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.67

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>26 / 631</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BALLONE GARY M.  7718 Shady Way Dr  Sugar Land TX 77479	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> BALLONE GARY M.  7718 Shady Way Dr  Sugar Land TX 77479	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> BALLONE GARY M.  7718 Shady Way Dr  Sugar Land TX 77479	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> BAPTIST JOHN MARTIN  136 W Mohawk Dr  Phoenix AZ 85027	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> BAPTIST JOHN MARTIN  136 W Mohawk Dr  Phoenix AZ 85027	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> BAPTIST JOHN MARTIN  136 W Mohawk Dr  Phoenix AZ 85027	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> BARBATO RICHARD J.  4 Broadview Dr  Huntington NY 11743	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 26.38
	Occupation Reg. Dir. Mhc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 572.08		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>27 / 631</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BARBATO RICHARD J.  4 Broadview Dr  Huntington NY 11743  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  26.38
	Occupation Reg. Dir. Mhc	Aggregate Year-to-Date > \$ 598.48	
	<b>Full Name, Mailing Address, and ZIP Code</b> BARBATO RICHARD J.  4 Broadview Dr  Huntington NY 11743  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  26.38
Occupation Reg. Dir. Mhc		Aggregate Year-to-Date > \$ 624.64	
<b>Full Name, Mailing Address, and ZIP Code</b> BARCA PHILLIP J.  42 Aldridge Way  Sewel NJ 08080  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  16.40
Occupation Executive Sales Rep - Tas		Aggregate Year-to-Date > \$ 357.38	
<b>Full Name, Mailing Address, and ZIP Code</b> BARCA PHILLIP J.  42 Aldridge Way  Sewel NJ 08080  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  16.40
Occupation Executive Sales Rep - Tas		Aggregate Year-to-Date > \$ 373.78	
<b>Full Name, Mailing Address, and ZIP Code</b> BARCA PHILLIP J.  42 Aldridge Way  Sewel NJ 08080  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  16.40
Occupation Executive Sales Rep - Tas		Aggregate Year-to-Date > \$ 390.18	
<b>Full Name, Mailing Address, and ZIP Code</b> BARKLEY CLIFTON F.  8108 N Creek Run  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.34
Occupation Sr. Consultant		Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> BARKLEY CLIFTON F.  8108 N Creek Run  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
Occupation Sr. Consultant		Aggregate Year-to-Date > \$ 191.82	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>28 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER</b> <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BARKLEY CLIFTON F.  8108 N Creek Run  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Consultant  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BARNES JEFFREY L.  1410 Lancaster Ln  Algonquin IL 60102  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 355.88	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.35	
<b>Full Name, Mailing Address, and ZIP Code</b> BARNES JEFFREY L.  1410 Lancaster Ln  Algonquin IL 60102  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 372.33	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.35	
<b>Full Name, Mailing Address, and ZIP Code</b> BARNES JEFFREY L.  1410 Lancaster Ln  Algonquin IL 60102  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 348.68	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.35	
<b>Full Name, Mailing Address, and ZIP Code</b> BARNES SCOTT W.  23557 N 80th Way  Scottsdale AZ 85255  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 383.64	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.70	
<b>Full Name, Mailing Address, and ZIP Code</b> BARNES SCOTT W.  23557 N 80th Way  Scottsdale AZ 85255  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 401.34	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.70	
<b>Full Name, Mailing Address, and ZIP Code</b> BARNES SCOTT W.  23557 N 80th Way  Scottsdale AZ 85255  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 419.04	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.70	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>29 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BARNETTE STEVE A.  105 Barometer Ln  Cary NC 27513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Grp. Mgr. Sample Account		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> BARNETTE STEVE A.  105 Barometer Ln  Cary NC 27513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Grp. Mgr. Sample Account		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> BARNETTE STEVE A.  105 Barometer Ln  Cary NC 27513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Grp. Mgr. Sample Account		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> BARNHURST SUZANNE S.  4 Patricia Ln  Chalfont PA 18914	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.39
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 225.64		
<b>Full Name, Mailing Address, and ZIP Code</b> BARNHURST SUZANNE S.  4 Patricia Ln  Chalfont PA 18914	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.39
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 236.03		
<b>Full Name, Mailing Address, and ZIP Code</b> BARNHURST SUZANNE S.  4 Patricia Ln  Chalfont PA 18914	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.39
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 246.42		
<b>Full Name, Mailing Address, and ZIP Code</b> BARRE DANIEL C.  #2 Bourg Court  Harahan LA 70123	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>30 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> BARRE DANIEL C.  #2 Bourg Court  Harahan LA 70123  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> BARRE DANIEL C.  #2 Bourg Court  Harahan LA 70123  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> BARRETT-BARNES KAY R.  6003 Gideon Ct  Sugar Land TX 77479  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 468.08	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 21.52		
<b>Full Name, Mailing Address, and ZIP Code</b> BARRETT-BARNES KAY R.  6003 Gideon Ct  Sugar Land TX 77479  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 487.58	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 21.52		
<b>Full Name, Mailing Address, and ZIP Code</b> BARRETT-BARNES KAY R.  6003 Gideon Ct  Sugar Land TX 77479  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 508.10	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 21.52		
<b>Full Name, Mailing Address, and ZIP Code</b> BARTHOLOMEW KATHY A.  104 Lutterworth Ct.  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Info Systems  <b>Aggregate Year-to-Date</b> > \$ 560.84	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 25.80		
<b>Full Name, Mailing Address, and ZIP Code</b> BARTHOLOMEW KATHY A.  104 Lutterworth Ct.  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Info Systems  <b>Aggregate Year-to-Date</b> > \$ 588.74	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 25.80		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>31 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BARTHOLOMEW KATHY A.  104 Lutterworth Ct.  Morrisville NC 27560	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 25.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Dir. Info Systems	Aggregate Year-to-Date > \$ 612.54	
<b>Full Name, Mailing Address, and ZIP Code</b> BARTLETT KATHY S.  1427 Acadia St  Durham NC 27701	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 25.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Dir. Internal Communications	Aggregate Year-to-Date > \$ 564.24	
<b>Full Name, Mailing Address, and ZIP Code</b> BARTLETT KATHY S.  1427 Acadia St  Durham NC 27701	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 25.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Dir. Internal Communications	Aggregate Year-to-Date > \$ 590.22	
<b>Full Name, Mailing Address, and ZIP Code</b> BARTLETT KATHY S.  1427 Acadia St  Durham NC 27701	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 25.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Dir. Internal Communications	Aggregate Year-to-Date > \$ 616.20	
<b>Full Name, Mailing Address, and ZIP Code</b> BASKIN MICHAEL A.  9236 Cutler Ct  Dexter MI 48130	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> BASKIN MICHAEL A.  9236 Cutler Ct  Dexter MI 48130	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> BASKIN MICHAEL A.  9236 Cutler Ct  Dexter MI 48130	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date > \$ 200.16	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>32 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BATES ROBERT C.  830 Conrad Sowers Rd  Lexington NC 27295  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 354.58	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.37	
<b>Full Name, Mailing Address, and ZIP Code</b> BATES ROBERT C.  830 Conrad Sowers Rd  Lexington NC 27295  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 370.83	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.37	
<b>Full Name, Mailing Address, and ZIP Code</b> BATES ROBERT C.  830 Conrad Sowers Rd  Lexington NC 27295  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 387.30	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.37	
<b>Full Name, Mailing Address, and ZIP Code</b> BAWALAN CARL O.  29982 Monticello St  Laguna Niguel CA 92677  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 238.62	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BAWALAN CARL O.  29982 Monticello St  Laguna Niguel CA 92677  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 306.96	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BAWALAN CARL O.  29982 Monticello St  Laguna Niguel CA 92677  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 315.30	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BAY TERESA L.  3318 Monte Vista Dr  Casper WY 82601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 347.20	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.03	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>33 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER</b> <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BAY TERESA L.  3318 Monte Vista Dr  Casper WY 82601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 363.23	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.03	
<b>Full Name, Mailing Address, and ZIP Code</b> BAY TERESA L.  3318 Monte Vista Dr  Casper WY 82601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 379.26	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.03	
<b>Full Name, Mailing Address, and ZIP Code</b> BEAN GARY L.  170 Plain St  Hanover MA 02339  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 385.08	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.82	
<b>Full Name, Mailing Address, and ZIP Code</b> BEAN GARY L.  170 Plain St  Hanover MA 02339  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 402.90	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.82	
<b>Full Name, Mailing Address, and ZIP Code</b> BEAN GARY L.  170 Plain St  Hanover MA 02339  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 420.72	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.82	
<b>Full Name, Mailing Address, and ZIP Code</b> BEAN KYM T.  2006 Warwickshire Dr  Greensboro NC 27455  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 303.84	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.05	
<b>Full Name, Mailing Address, and ZIP Code</b> BEAN KYM T.  2006 Warwickshire Dr  Greensboro NC 27455  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 317.99	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.05	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>34 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BEAN KYM T.  2006 Warwickshire Dr  Greensboro NC 27455	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.05
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 332.04		
<b>Full Name, Mailing Address, and ZIP Code</b> BEASY BARBARA J.  534 Allen Ave  Little Canada MN 55117	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 25.02
	Occupation Sr. Regional Corp Health Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 540.24		
<b>Full Name, Mailing Address, and ZIP Code</b> BEASY BARBARA J.  534 Allen Ave  Little Canada MN 55117	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 25.02
	Occupation Sr. Regional Corp Health Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 565.28		
<b>Full Name, Mailing Address, and ZIP Code</b> BEASY BARBARA J.  534 Allen Ave  Little Canada MN 55117	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 25.02
	Occupation Sr. Regional Corp Health Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 590.28		
<b>Full Name, Mailing Address, and ZIP Code</b> BEAVIN ELIZABETH W  2642 Frey Court  Falls Church VA 22046	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 19.50
	Occupation Mgr. Federal Govt Relations II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 434.68		
<b>Full Name, Mailing Address, and ZIP Code</b> BEAVIN ELIZABETH W  2642 Frey Court  Falls Church VA 22046	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 19.50
	Occupation Mgr. Federal Govt Relations II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 454.58		
<b>Full Name, Mailing Address, and ZIP Code</b> BEAVIN ELIZABETH W  2642 Frey Court  Falls Church VA 22046	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 19.80
	Occupation Mgr. Federal Govt Relations II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 474.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>35 / 631</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> BECKENBACH JACQUELYN R.  2210 Oceanwalk Dr W  Atlantic Beach FL 32233	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> BECKENBACH JACQUELYN R.  2210 Oceanwalk Dr W  Atlantic Beach FL 32233	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 230.00			
<b>Full Name, Mailing Address, and ZIP Code</b> BECKENBACH JACQUELYN R.  2210 Oceanwalk Dr W  Atlantic Beach FL 32233	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> BEEVER WILLIAM E.  28 Dumbarton Oaks  Stratham NH 03885	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> BEEVER WILLIAM E.  28 Dumbarton Oaks  Stratham NH 03885	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> BEEVER WILLIAM E.  28 Dumbarton Oaks  Stratham NH 03885	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> BEGLEY MICHAEL R.  1164 Palm Springs Ct  Port Orange FL 32124	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep - Tas	Aggregate Year-to-Date > \$ 183.48			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>36 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BEGLEY MICHAEL R.  1164 Palm Springs Ct  Port Orange FL 32124  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BEGLEY MICHAEL R.  1164 Palm Springs Ct  Port Orange FL 32124  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BELL STANLEY  Five Moore Drive  Res. Triangle Park NY 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 180.88	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  12.82	
<b>Full Name, Mailing Address, and ZIP Code</b> BELL STANLEY  Five Moore Drive  Res. Triangle Park NY 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 193.80	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  12.92	
<b>Full Name, Mailing Address, and ZIP Code</b> BELL STANLEY  Five Moore Drive  Res. Triangle Park NY 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 206.72	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  12.92	
<b>Full Name, Mailing Address, and ZIP Code</b> BENEN SANDRA E.  501 West Broadway Plaza A323  San Diego CA 92101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 372.70	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  17.29	
<b>Full Name, Mailing Address, and ZIP Code</b> BENEN SANDRA E.  501 West Broadway Plaza A323  San Diego CA 92101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 389.99	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  17.29	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>37 / 631</b>
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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BENEN SANDRA E.  501 West Broadway Plaza A323  San Diego CA 92101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 407.28	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.29
<b>Full Name, Mailing Address, and ZIP Code</b> BENJAMIN CLARENCE  2531 Village Dr  Union City CA 94587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> BENJAMIN CLARENCE  2531 Village Dr  Union City CA 94587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> BENJAMIN CLARENCE  2531 Village Dr  Union City CA 94587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT ANNE M.  57 Greely Rd.  Cumberland ME 04021  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT ANNE M.  57 Greely Rd.  Cumberland ME 04021  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT ANNE M.  57 Greely Rd.  Cumberland ME 04021  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>38 / 631</b>
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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT BRADLEY HALL  8844 Country Scene Way Apt. 101  Las Vegas NV 89117  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 314.52	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  14.52
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT BRADLEY HALL  8844 Country Scene Way Apt. 101  Las Vegas NV 89117  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 329.04	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  14.52
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT BRADLEY HALL  8844 Country Scene Way Apt. 101  Las Vegas NV 89117  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 343.58	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  14.52
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT DANIEL P  212 Sunnyslope Dr  Southington CT 06489  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.34
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT DANIEL P  212 Sunnyslope Dr  Southington CT 06489  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT DANIEL P  212 Sunnyslope Dr  Southington CT 06489  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  8.34
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT ELLEN CHARLOTTE  10 Vista Way  Merrimack NH 03054  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 187.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.50

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>39 / 631</b>
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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT ELLEN CHARLOTTE  10 Vista Way  Merrimack NH 03054	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.50
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 155.50		
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT ELLEN CHARLOTTE  10 Vista Way  Merrimack NH 03054	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.50
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 204.00		
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT MICHAEL B  107 Park Gate Dr  Apex NC 27502	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Reg. Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT MICHAEL B  107 Park Gate Dr  Apex NC 27502	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Reg. Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT MICHAEL B  107 Park Gate Dr  Apex NC 27502	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Reg. Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT ROBERT  6510 Brookline Court  Cumming GA 30040	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT ROBERT  6510 Brookline Court  Cumming GA 30040	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>40 / 631</b>
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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BENNETT ROBERT  6510 Brookline Court  Cumming GA 30040	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> BENOIT DESIREE ANN  2350 Mary St  Riverside CA 92506	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.77
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 325.18		
<b>Full Name, Mailing Address, and ZIP Code</b> BENOIT DESIREE ANN  2360 Mary St  Riverside CA 92506	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.77
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 341.95		
<b>Full Name, Mailing Address, and ZIP Code</b> BENOIT DESIREE ANN  2390 Mary St  Riverside CA 92506	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.77
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 358.72		
<b>Full Name, Mailing Address, and ZIP Code</b> BENSON DAVID L.  5209 Camfirh Wy  Raleigh NC 27813	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.89
	Occupation Field System Dev Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 362.96		
<b>Full Name, Mailing Address, and ZIP Code</b> BENSON DAVID L.  5209 Camfirh Wy  Raleigh NC 27813	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.89
	Occupation Field System Dev Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 378.85		
<b>Full Name, Mailing Address, and ZIP Code</b> BENSON DAVID L.  5209 Camfirh Wy  Raleigh NC 27813	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.89
	Occupation Field System Dev Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 398.74		

**SUBTOTALS** of Receipts This Page (Optional) .....

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



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>41 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> BENVENUTI ALBERT  24 Ely Rd  Cortland Manor NY 10567  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> BENVENUTI ALBERT  24 Ely Rd  Cortland Manor NY 10567  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> BENVENUTI ALBERT  24 Ely Rd  Cortland Manor NY 10567  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> BERGER CYNTHIA  224 Redwood Dr  Coppell TX 75019  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 344.72	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.92		
<b>Full Name, Mailing Address, and ZIP Code</b> BERGER CYNTHIA  224 Redwood Dr  Coppell TX 75019  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 360.64	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.92		
<b>Full Name, Mailing Address, and ZIP Code</b> BERGER CYNTHIA  224 Redwood Dr  Coppell TX 75019  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 376.56	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.92		
<b>Full Name, Mailing Address, and ZIP Code</b> BERGMAN STANLEY M.  213 N Forest Ridge Blvd  Broken Arrow OK 74014  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 408.38	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.67		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>42 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> BERGMAN STANLEY M.  213 N Forest Ridge Blvd  Broken Arrow OK 74014	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.67		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 425.03			
<b>Full Name, Mailing Address, and ZIP Code</b> BERGMAN STANLEY M.  213 N Forest Ridge Blvd  Broken Arrow OK 74014	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.67		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 443.70			
<b>Full Name, Mailing Address, and ZIP Code</b> BERGQUIST ERIC T.  533 Timber Hollow  New Braunfels TX 78132	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.66		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 301.48			
<b>Full Name, Mailing Address, and ZIP Code</b> BERGQUIST ERIC T.  533 Timber Hollow  New Braunfels TX 78132	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.96		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 315.44			
<b>Full Name, Mailing Address, and ZIP Code</b> BERGQUIST ERIC T.  533 Timber Hollow  New Braunfels TX 78132	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.96		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 329.40			
<b>Full Name, Mailing Address, and ZIP Code</b> BERRY CYNTHIA N.  10 Lynwood Rd  Asheville NC 28804	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.88		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Speakers Bureau	<b>Aggregate Year-to-Date</b> > \$ 438.22			
<b>Full Name, Mailing Address, and ZIP Code</b> BERRY CYNTHIA N.  10 Lynwood Rd  Asheville NC 28804	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.88		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Speakers Bureau	<b>Aggregate Year-to-Date</b> > \$ 459.10			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>43 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> BERRY CYNTHIA N.  10 Lyrwood Rd  Asheville NC 28804	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.88		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Speakers Bureau	<b>Aggregate Year-to-Date</b> > \$ 479.98			
<b>Full Name, Mailing Address, and ZIP Code</b> BEST CHARLES BRENT  5001 Loma Alta  Frisco TX 75034	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> BEST CHARLES BRENT  5001 Loma Alta  Frisco TX 75034	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> BEST CHARLES BRENT  5001 Loma Alta  Frisco TX 75034	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> BEST LINDA A.  217 Mandella Ct  Neenah WI 54956	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.23		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 267.08			
<b>Full Name, Mailing Address, and ZIP Code</b> BEST LINDA A.  217 Mandella Ct  Neenah WI 54956	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.23		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 280.32			
<b>Full Name, Mailing Address, and ZIP Code</b> BEST LINDA A.  217 Mandella Ct  Neenah WI 54956	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.23		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 293.55			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	44 / 631
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> BEY JASON A.  1258 W Webster Ave  Chicago IL 60614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 227.62	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.55		
<b>Full Name, Mailing Address, and ZIP Code</b> BEY JASON A.  1258 W Webster Ave  Chicago IL 60614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 238.17	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.55		
<b>Full Name, Mailing Address, and ZIP Code</b> BEY JASON A.  1258 W Webster Ave  Chicago IL 60614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 248.72	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.55		
<b>Full Name, Mailing Address, and ZIP Code</b> BICKELL LINDA AURENE  2212 N Quincy Rd  Turlock CA 95382  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 250.68	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.58		
<b>Full Name, Mailing Address, and ZIP Code</b> BICKELL LINDA AURENE  2212 N Quincy Rd  Turlock CA 95382  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 263.81	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.13		
<b>Full Name, Mailing Address, and ZIP Code</b> BICKELL LINDA AURENE  2212 N Quincy Rd  Turlock CA 95382  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 276.94	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.13		
<b>Full Name, Mailing Address, and ZIP Code</b> BINDER ROBERT E  8504 Bailey Craft Dr.  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VIII  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>45 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BINDER ROBERT E  8504 Bailey Croft Dr.  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc VIII  Aggregate Year-to-Date > \$ 151.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BINDER ROBERT E  8504 Bailey Croft Dr.  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc VIII  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BIRCKHEAD SANDRA J.  1417 Scales St.  Raleigh NC 27608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Environ Safety Compliance  Aggregate Year-to-Date > \$ 514.12	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 23.62	
<b>Full Name, Mailing Address, and ZIP Code</b> BIRCKHEAD SANDRA J.  1417 Scales St.  Raleigh NC 27608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Environ Safety Compliance  Aggregate Year-to-Date > \$ 537.74	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 23.62	
<b>Full Name, Mailing Address, and ZIP Code</b> BIRCKHEAD SANDRA J.  1417 Scales St.  Raleigh NC 27608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Environ Safety Compliance  Aggregate Year-to-Date > \$ 561.36	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 23.62	
<b>Full Name, Mailing Address, and ZIP Code</b> BIRGELAITIS DANIEL E.  303 Donley Ct  Southlake TX 76092  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> BIRGELAITIS DANIEL E.  303 Donley Ct  Southlake TX 76092  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>46 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> BIRGELAITIS DANIEL E.  303 Donley Ct  Southlake TX 76092	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> BITTEL RODNEY G.  1101 Noose Road  Hays KS 67801	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.25		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 221.18			
<b>Full Name, Mailing Address, and ZIP Code</b> BITTEL RODNEY G.  1101 Noose Road  Hays KS 67601	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.25		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 231.43			
<b>Full Name, Mailing Address, and ZIP Code</b> BITTEL RODNEY G.  1101 Noose Road  Hays KS 67601	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.25		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 241.68			
<b>Full Name, Mailing Address, and ZIP Code</b> BLACK DONNA LYNNE  3904 Edgewater Dr  Hazel Crest IL 60429	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.56		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 280.62			
<b>Full Name, Mailing Address, and ZIP Code</b> BLACK DONNA LYNNE  3904 Edgewater Dr  Hazel Crest IL 60429	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.56		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 294.18			
<b>Full Name, Mailing Address, and ZIP Code</b> BLACK DONNA LYNNE  3904 Edgewater Dr  Hazel Crest IL 60429	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.56		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 307.74			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>47 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BLAGOJEVICS ELIZABETH M.  5431 Cheyenne Knoll Pl  Alexandria VA 22312	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.07
	Occupation Sr. Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 271.84			
<b>Full Name, Mailing Address, and ZIP Code</b> BLAGOJEVICS ELIZABETH M.  5431 Cheyenne Knoll Pl  Alexandria VA 22312	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.07
	Occupation Sr. Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 284.91			
<b>Full Name, Mailing Address, and ZIP Code</b> BLAGOJEVICS ELIZABETH M.  5431 Cheyenne Knoll Pl  Alexandria VA 22312	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.07
	Occupation Sr. Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 297.98			
<b>Full Name, Mailing Address, and ZIP Code</b> BLAKE JOHN P.  6701 Ridge Spring Rd  Zebulon NC 27597	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 26.14
	Occupation Dir. Info Systems		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 569.08			
<b>Full Name, Mailing Address, and ZIP Code</b> BLAKE JOHN P.  6701 Ridge Spring Rd  Zebulon NC 27597	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 26.14
	Occupation Dir. Info Systems		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 595.22			
<b>Full Name, Mailing Address, and ZIP Code</b> BLAKE JOHN P.  6701 Ridge Spring Rd  Zebulon NC 27597	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 26.14
	Occupation Dir. Info Systems		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 621.36			
<b>Full Name, Mailing Address, and ZIP Code</b> BLAKELY DONNA Z.  2505 Baytree Dr  Greensboro NC 27455	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 15.23
	Occupation Executive Sales Rep - Onc/Hiv		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 329.30			

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>48 / 631</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BLAKELY DONNA Z.  2505 Baytree Dr  Greensboro NC 27455  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 15.23
	Occupation Executive Sales Rep - Onc/Hiv		
	Aggregate Year-to-Date > \$ 344.53		
<b>Full Name, Mailing Address, and ZIP Code</b> BLAKELY DONNA Z.  2505 Baytree Dr  Greensboro NC 27455  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.23
	Occupation Executive Sales Rep - Onc/Hiv		
	Aggregate Year-to-Date > \$ 359.76		
<b>Full Name, Mailing Address, and ZIP Code</b> BLALACK THOMAS G.  513 Cherrywood Pt  Franklin TN 37064  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Mgr. State Govt Affairs		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> BLALACK THOMAS G.  513 Cherrywood Pt  Franklin TN 37064  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Mgr. State Govt Affairs		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> BLALACK THOMAS G.  513 Cherrywood Pt  Franklin TN 37064  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Mgr. State Govt Affairs		
	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> BLALOCK TERRIE H  4 Treadway Ct  Hillsborough NC 27278  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Mkt Dev II		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> BLALOCK TERRIE H  4 Treadway Ct  Hillsborough NC 27278  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Mkt Dev II		
	Aggregate Year-to-Date > \$ 191.82		

**SUBTOTALS** of Receipts This Page (Optional) .....

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



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>49 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BLALOCK TERRIE H  4 Treadway Ct  Hillsborough NC 27278  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Mkt Dev II  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> BLAUSTEIN EMILY R.  254 Martine Ave Apt 2a  White Plains NY 10601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 202.86	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.45
<b>Full Name, Mailing Address, and ZIP Code</b> BLAUSTEIN EMILY R.  254 Martine Ave Apt 2a  White Plains NY 10601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 212.31	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.45
<b>Full Name, Mailing Address, and ZIP Code</b> BLAUSTEIN EMILY R.  254 Martine Ave Apt 2a  White Plains NY 10601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 221.76	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.45
<b>Full Name, Mailing Address, and ZIP Code</b> BLAZE STEVEN M.  6 Conover Rd  Whitehouse Station NJ 08889  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> BLAZE STEVEN M.  6 Conover Rd  Whitehouse Station NJ 08889  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> BLAZE STEVEN M.  6 Conover Rd  Whitehouse Station NJ 08889  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>50 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BLEVINS MILLARD W.  208 Mohawk Ct  Huntington WV 25705	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.87	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 278.88		
<b>Full Name, Mailing Address, and ZIP Code</b> BLEVINS MILLARD W.  208 Mohawk Ct  Huntington WV 25705	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.64	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 292.52		
<b>Full Name, Mailing Address, and ZIP Code</b> BLEVINS MILLARD W.  208 Mohawk Ct  Huntington WV 25705	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.64	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 306.16		
<b>Full Name, Mailing Address, and ZIP Code</b> BLICKENS DERFER BRIAN T.  7510 Vail Valley Dr  Austin TX 78749	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> BLICKENS DERFER BRIAN T.  7510 Vail Valley Dr  Austin TX 78749	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> BLICKENS DERFER BRIAN T.  7510 Vail Valley Dr  Austin TX 78749	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> BLOISE LEWIS A.  102 South Coslett Court  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.43	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc VIII	<b>Aggregate Year-to-Date</b> > \$ 400.98		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>51 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BLOISE LEWIS A.  102 South Coslett Court  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VIII  <b>Aggregate Year-to-Date</b> > \$ 419.39	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.43	
<b>Full Name, Mailing Address, and ZIP Code</b> BLOISE LEWIS A.  102 South Coslett Court  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VIII  <b>Aggregate Year-to-Date</b> > \$ 437.82	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.43	
<b>Full Name, Mailing Address, and ZIP Code</b> BLOODWORTH LEOTIS  10601 Gray Fox Way  Savannah GA 31406  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 318.90	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.65	
<b>Full Name, Mailing Address, and ZIP Code</b> BLOODWORTH LEOTIS  10601 Gray Fox Way  Savannah GA 31406  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 331.55	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.65	
<b>Full Name, Mailing Address, and ZIP Code</b> BLOODWORTH LEOTIS  10601 Gray Fox Way  Savannah GA 31406  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 346.20	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.65	
<b>Full Name, Mailing Address, and ZIP Code</b> BLOOM CHARLES E.  30 Hunt Drive  Stoughton MA 02072  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 310.26	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.18	
<b>Full Name, Mailing Address, and ZIP Code</b> BLOOM CHARLES E.  30 Hunt Drive  Stoughton MA 02072  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 324.44	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.18	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>52 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BLOOM CHARLES E.  30 Hunt Drive  Stoughton MA 02072	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.18
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 338.62		
<b>Full Name, Mailing Address, and ZIP Code</b> BLOUNT JOHN R.  4810 Scotney Ct  Suwanee GA 30024	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.13
	Occupation Sr. Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 272.60		
<b>Full Name, Mailing Address, and ZIP Code</b> BLOUNT JOHN R.  4810 Scotney Ct  Suwanee GA 30024	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.13
	Occupation Sr. Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 285.73		
<b>Full Name, Mailing Address, and ZIP Code</b> BLOUNT JOHN R.  4810 Scotney Ct  Suwanee GA 30024	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.13
	Occupation Sr. Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 298.86		
<b>Full Name, Mailing Address, and ZIP Code</b> BOETTNER BRUCE C.  13 Staten Dr  Hockessin DE 19707	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.96
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 326.66		
<b>Full Name, Mailing Address, and ZIP Code</b> BOETTNER BRUCE C.  13 Staten Dr  Hockessin DE 19707	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.56
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 341.62		
<b>Full Name, Mailing Address, and ZIP Code</b> BOETTNER BRUCE C.  13 Staten Dr  Hockessin DE 19707	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.86
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 356.58		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>53 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BOKER ROBERT A  9516 Larimore Lane  Oklahoma City OK 73151  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> BOKER ROBERT A  9516 Larimore Lane  Oklahoma City OK 73151  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> BOKER ROBERT A  9516 Larimore Lane  Oklahoma City OK 73151  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> BOLEA JEFFREY  13413 Carters Creek Terrace  Chesterfield VA 23838  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> BOLEA JEFFREY  13413 Carters Creek Terrace  Chesterfield VA 23838  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> BOLEA JEFFREY  13413 Carters Creek Terrace  Chesterfield VA 23838  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager		
	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> BOLLENBACHER STEPHANIE L.  330 Gln Summer Rd  Pasadena CA 91105  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.22
	Occupation Sr. Exec Sales Rep - Onc/HIV		
	Aggregate Year-to-Date > \$ 350.47		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>54 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BOLLENBACHER STEPHANIE L.  330 Glen Summer Rd  Pasadena CA 91105  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Exec Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 368.63	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.22	
<b>Full Name, Mailing Address, and ZIP Code</b> BOLLENBACHER STEPHANIE L.  330 Glen Summer Rd  Pasadena CA 91105  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Exec Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 382.91	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.22	
<b>Full Name, Mailing Address, and ZIP Code</b> BONNER STEPHEN C.  747 4th St  Marysville MI 48040  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 319.10	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.75	
<b>Full Name, Mailing Address, and ZIP Code</b> BONNER STEPHEN C.  747 4th St  Marysville MI 48040  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 333.85	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.75	
<b>Full Name, Mailing Address, and ZIP Code</b> BONNER STEPHEN C.  747 4th St  Marysville MI 48040  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 348.60	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.75	
<b>Full Name, Mailing Address, and ZIP Code</b> BOOTH JOHN R.  2313 West Quincy  Broken Arrow OK 74012  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BOOTH JOHN R.  2313 West Quincy  Broken Arrow OK 74012  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>55 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> BOOTH JOHN R.  2313 West Outney  Broken Arrow OK 74012	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.18			
<b>Full Name, Mailing Address, and ZIP Code</b> BORIE WALKER E.  10409 Livingston Gilbert Ct  Louisville KY 40223	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 275.00			
<b>Full Name, Mailing Address, and ZIP Code</b> BORIE WALKER E.  10409 Livingston Gilbert Ct  Louisville KY 40223	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 287.50			
<b>Full Name, Mailing Address, and ZIP Code</b> BORIE WALKER E.  10409 Livingston Gilbert Ct  Louisville KY 40223	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 300.00			
<b>Full Name, Mailing Address, and ZIP Code</b> BOUDREAU DOROTHY LEA  747 Leff St  San Luis Obispo CA 93401	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> BOUDREAU DOROTHY LEA  747 Leff St  San Luis Obispo CA 93401	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> BOUDREAU DOROTHY LEA  747 Leff St  San Luis Obispo CA 93401	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.18			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>56 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BOUDREAUX TERENCE M.  4512 Craig Ave  Metairie LA 70003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> BOUDREAUX TERENCE M.  4512 Craig Ave  Metairie LA 70003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> BOUDREAUX TERENCE M.  4512 Craig Ave  Metairie LA 70003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> BOWEN DONALD  103 Montauk Point Pl  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.58
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 381.30		
<b>Full Name, Mailing Address, and ZIP Code</b> BOWEN DONALD  103 Montauk Point Pl  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.58
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 398.88		
<b>Full Name, Mailing Address, and ZIP Code</b> BOWEN DONALD  103 Montauk Point Pl  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.58
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 416.46		
<b>Full Name, Mailing Address, and ZIP Code</b> BOWREN RONALD M.  308 Cottonwood Dr  Modesto CA 95356  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 15.49
	Occupation Sr. Executive Sales Rep - Tas		
	Aggregate Year-to-Date > \$ 335.02		

**SUBTOTALS** of Receipts This Page (Optional) .....

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



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>57 / 631</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BOWREN RONALD M.  308 Cottonwood Dr  Modesto CA 95356  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  15.49
	Occupation Sr. Executive Sales Rep - Tas	Aggregate Year-to-Date > \$ 350.51	
<b>Full Name, Mailing Address, and ZIP Code</b> BOWREN RONALD M.  305 Cottonwood Dr  Modesto CA 95356  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  15.49
	Occupation Sr. Executive Sales Rep - Tas	Aggregate Year-to-Date > \$ 366.00	
<b>Full Name, Mailing Address, and ZIP Code</b> BOYDSTUN ALLISON NICOLE  2308 Garfield Avenue Ste. A  Carmichael CA 95608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.34
	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> BOYDSTUN ALLISON NICOLE  2308 Garfield Avenue Ste. A  Carmichael CA 95608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> BOYDSTUN ALLISON NICOLE  2308 Garfield Avenue Ste. A  Carmichael CA 95608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  8.34
	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> BRACKEEN RANDOLPH B.  7922 Joliet Ave  Lubbock TX 79423  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  14.28
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 310.08	
<b>Full Name, Mailing Address, and ZIP Code</b> BRACKEEN RANDOLPH B.  7922 Joliet Ave  Lubbock TX 79423  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  14.28
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 324.36	

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>58 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BRACKEEN RANDOLPH B.  7822 Joliet Ave  Lubbock TX 79423  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 338.64	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  14.28	
<b>Full Name, Mailing Address, and ZIP Code</b> BRADFORD HARRY A.  13745 N 93rd Way  Scottsdale AZ 85260  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BRADFORD HARRY A.  13745 N 93rd Way  Scottsdale AZ 85260  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BRADFORD HARRY A.  13745 N 93rd Way  Scottsdale AZ 85260  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BRAMLETT PAMELA  2431 Thompson Rd  Atlanta GA 30319  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> BRAMLETT PAMELA  2431 Thompson Rd  Atlanta GA 30319  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> BRAMLETT PAMELA  2431 Thompson Rd  Atlanta GA 30319  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>59 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> BRANDON DEADRICK B.  184 Cherokee Rd  Hendersonville TN 37075	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> BRANDON DEADRICK B.  184 Cherokee Rd  Hendersonville TN 37075	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> BRANDON DEADRICK B.  184 Cherokee Rd  Hendersonville TN 37075	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> BRANIFF EILEEN  1 Para Ct  Deer Park NY 11729	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> BRANIFF EILEEN  1 Para Ct  Deer Park NY 11729	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> BRANIFF EILEEN  1 Para Ct  Deer Park NY 11729	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> BRASHEAR MELANIE M.  1320 Fm448  Longview TX 75605	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>60 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BRASHEAR MELANIE M.  1320 Fm449  Longview TX 75605	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> BRASHEAR MELANIE M.  1320 Fm449  Longview TX 75605	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> BRAUN KAY L.  1925 Young Drive  Placentia CA 92870	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> BRAUN KAY L.  1925 Young Drive  Placentia CA 92870	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> BRAUN KAY L.  1925 Young Drive  Placentia CA 92870	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> BRAWLEY MARSHA P.  907 Capriccio Ln  Apollo Beach FL 33572	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> BRAWLEY MARSHA P.  907 Capriccio Ln  Apollo Beach FL 33572	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>61 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BRAWLEY MARSHA P.  907 Capriccio Ln Apollo Beach FL 33572	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :
Aggregate Year-to-Date > \$ 200.18				
<b>Full Name, Mailing Address, and ZIP Code</b> BREHM DAWN L.  1951 Nc Hwy 61 S Burlington NC 27215	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Consumer Marketing	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 27.28	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :
Aggregate Year-to-Date > \$ 590.82				
<b>Full Name, Mailing Address, and ZIP Code</b> BREHM DAWN L.  1951 Nc Hwy 61 S Burlington NC 27215	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Consumer Marketing	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 27.28	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :
Aggregate Year-to-Date > \$ 618.20				
<b>Full Name, Mailing Address, and ZIP Code</b> BREHM DAWN L.  1951 Nc Hwy 61 S Burlington NC 27215	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Consumer Marketing	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 27.28	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :
Aggregate Year-to-Date > \$ 645.48				
<b>Full Name, Mailing Address, and ZIP Code</b> BREKKE PAUL N.  11790 W 74th Pl Arvada CO 80005	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Account Manager	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :
Aggregate Year-to-Date > \$ 183.48				
<b>Full Name, Mailing Address, and ZIP Code</b> BREKKE PAUL N.  11790 W 74th Pl Arvada CO 80005	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Account Manager	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :
Aggregate Year-to-Date > \$ 191.82				
<b>Full Name, Mailing Address, and ZIP Code</b> BREKKE PAUL N.  11790 W 74th Pl Arvada CO 80005	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Account Manager	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :
Aggregate Year-to-Date > \$ 200.18				
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>62 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> BREWER GRETCHEN N.  4837 Moonglow Dr  Troy MI 48098	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.16		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 288.40					
<b>Full Name, Mailing Address, and ZIP Code</b> BREWER GRETCHEN N.  4837 Moonglow Dr  Troy MI 48098	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.16		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 298.56					
<b>Full Name, Mailing Address, and ZIP Code</b> BREWER GRETCHEN N.  4837 Moonglow Dr  Troy MI 48098	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.16		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 312.72					
<b>Full Name, Mailing Address, and ZIP Code</b> BREWER SHERRAN I.  302 Champions Point Wy  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Mhc Strategic Alliances				
<b>Aggregate Year-to-Date</b> > \$ 220.00					
<b>Full Name, Mailing Address, and ZIP Code</b> BREWER SHERRAN I.  302 Champions Point Wy  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Mhc Strategic Alliances				
<b>Aggregate Year-to-Date</b> > \$ 230.00					
<b>Full Name, Mailing Address, and ZIP Code</b> BREWER SHERRAN I.  302 Champions Point Wy  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Mhc Strategic Alliances				
<b>Aggregate Year-to-Date</b> > \$ 240.00					
<b>Full Name, Mailing Address, and ZIP Code</b> BRIA FRANK A.  1516 Clark Farm Rd  Apex NC 27502	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Production Ops				
<b>Aggregate Year-to-Date</b> > \$ 183.48					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>63 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BRIA FRANK A.  1516 Clark Farm Rd  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
	Occupation Mgr. Production Ops	Aggregate Year-to-Date > \$ 151.82	
<b>Full Name, Mailing Address, and ZIP Code</b> BRIA FRANK A.  1516 Clark Farm Rd  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  8.34
	Occupation Mgr. Production Ops	Aggregate Year-to-Date > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> BRIDGERS ROBERT M.  1883 Brigadoone Ln  Florence SC 29505  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  14.82
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 323.98	
<b>Full Name, Mailing Address, and ZIP Code</b> BRIDGERS ROBERT M.  1893 Brigadoone Ln  Florence SC 29505  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  14.92
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 338.90	
<b>Full Name, Mailing Address, and ZIP Code</b> BRIDGERS ROBERT M.  1893 Brigadoone Ln  Florence SC 29505  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  14.92
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 353.82	
<b>Full Name, Mailing Address, and ZIP Code</b> BRIDGES ROBERT K.  107 Parkbow Ct  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  12.08
	Occupation Sr. Photographer	Aggregate Year-to-Date > \$ 262.40	
<b>Full Name, Mailing Address, and ZIP Code</b> BRIDGES ROBERT K.  107 Parkbow Ct  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  12.08
	Occupation Sr. Photographer	Aggregate Year-to-Date > \$ 274.48	

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	64 / 631
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> BRIDGES ROBERT K.  107 Parkbow Ct  Apex NC 27502	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.08		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Photographer	<b>Aggregate Year-to-Date</b> > \$ 288.58			
<b>Full Name, Mailing Address, and ZIP Code</b> BRIER MEGAN L.  One Sterling Court  Rockville MD 20850	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.11		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Political Action Commit	<b>Aggregate Year-to-Date</b> > \$ 350.04			
<b>Full Name, Mailing Address, and ZIP Code</b> BRIER MEGAN L.  One Sterling Court  Rockville MD 20850	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.11		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Political Action Commit	<b>Aggregate Year-to-Date</b> > \$ 368.15			
<b>Full Name, Mailing Address, and ZIP Code</b> BRIER MEGAN L.  One Sterling Court  Rockville MD 20850	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.11		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Political Action Commit	<b>Aggregate Year-to-Date</b> > \$ 384.26			
<b>Full Name, Mailing Address, and ZIP Code</b> BRINK ROBERT H.  3800 White Chapel Way  Raleigh NC 27815	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Intellect Prop Attorney V	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> BRINK ROBERT H.  3800 White Chapel Way  Raleigh NC 27815	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Intellect Prop Attorney V	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> BRINK ROBERT H.  3800 White Chapel Way  Raleigh NC 27815	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Intellect Prop Attorney V	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>65 / 631</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BRODERS JOE D.  1900 W Stuart St  Fort Collins CO 80526	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> BRODERS JOE D.  1900 W Stuart St  Fort Collins CO 80526	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> BRODERS JOE D.  1900 W Stuart St  Fort Collins CO 80526	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> BROWN KATHY J.  10708 Country Walk Ct  Dayton OH 45458	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.82
	Occupation Executive		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> BROWN KATHY J.  10708 Country Walk Ct  Dayton OH 45458	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.82
	Occupation Executive		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> BROWN KATHY J.  10708 Country Walk Ct  Dayton OH 45458	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.82
	Occupation Executive		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> BROWN KYLE D.  460 Brook Cir  Roswell GA 30075	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 18.83
	Occupation District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>66 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BROWN KYLE D.  460 Brook Cir  Roswell GA 30075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 420.45	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  18.63	
<b>Full Name, Mailing Address, and ZIP Code</b> BROWN KYLE D.  460 Brook Cir  Roswell GA 30075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 438.08	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  18.63	
<b>Full Name, Mailing Address, and ZIP Code</b> BROWN MARTIN A.  Highfield Cottage Highfield Rd  Surey England K114 ZZ 00000  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Project Mgr  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  20.00	
<b>Full Name, Mailing Address, and ZIP Code</b> BROWN NORMAN W.  15493 Hollow Rd  Caldwell ID 83607  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BROWN NORMAN W.  15493 Hollow Rd  Caldwell ID 83807  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BROWN NORMAN W.  15493 Hollow Rd  Caldwell ID 83807  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BROWN WILLIE H.  16800 Old Colony Way  Rockville MD 20853  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 295.78	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  13.64	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>67 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> BROWN WILLIE H.  16800 Old Colony Way  Rockville MD 20853	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.64		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 309.40			
<b>Full Name, Mailing Address, and ZIP Code</b> BROWN WILLIE H.  16500 Old Colony Way  Rockville MD 20853	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.64		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 323.04			
<b>Full Name, Mailing Address, and ZIP Code</b> BROWNE BONNIE-LYNN M.  273 Holbrook Ave  Lake Ronkonkoma NY 11779	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> BROWNE BONNIE-LYNN M.  273 Holbrook Ave  Lake Ronkonkoma NY 11779	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> BROWNE BONNIE-LYNN M.  273 Holbrook Ave  Lake Ronkonkoma NY 11779	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> BROWNING GARY W.  5208 Blue Ridge Dr  Cross Lanes WV 25313	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.03		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 435.38			
<b>Full Name, Mailing Address, and ZIP Code</b> BROWNING GARY W.  5208 Blue Ridge Dr  Cross Lanes WV 25313	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.03		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 455.41			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>68 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BROWNING GARY W.  5208 Blue Ridge Dr  Cross Lanes WV 25313  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 475.44	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 20.03	
<b>Full Name, Mailing Address, and ZIP Code</b> BRUMLEVE ERICA M.  7905 Richard King Trail  Austin TX 78749  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 397.78	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.91	
<b>Full Name, Mailing Address, and ZIP Code</b> BRUMLEVE ERICA M.  7905 Richard King Trail  Austin TX 78749  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 405.69	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.01	
<b>Full Name, Mailing Address, and ZIP Code</b> BRUMLEVE ERICA M.  7905 Richard King Trail  Austin TX 78749  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 423.60	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.91	
<b>Full Name, Mailing Address, and ZIP Code</b> BRUST KENNETH  648 Wedgewood Dr  Marysville OH 43040  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> BRUST KENNETH  648 Wedgewood Dr  Marysville OH 43040  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> BRUST KENNETH  848 Wedgewood Dr  Marysville OH 43040  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>69 / 631</b>
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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BRYANT THOMAS H.  1837 Sw Hunters Club Way  Palm City FL 34990	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> BRYANT THOMAS H.  1837 Sw Hunters Club Way  Palm City FL 34990	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> BRYANT THOMAS H.  1837 Sw Hunters Club Way  Palm City FL 34990	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> BUDDINGTON KAREN E.  18328 Westwood Dr.  Abingdon VA 24211	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.35
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 223.08		
<b>Full Name, Mailing Address, and ZIP Code</b> BUDDINGTON KAREN E.  18328 Westwood Dr.  Abingdon VA 24211	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.35
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 233.43		
<b>Full Name, Mailing Address, and ZIP Code</b> BUDDINGTON KAREN E.  18328 Westwood Dr.  Abingdon VA 24211	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.35
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 243.78		
<b>Full Name, Mailing Address, and ZIP Code</b> BUFFALOE LYNNWOOD  Po Box 362  Youngsville NC 27596	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 20.26
	Occupation Mgr. Maint & Utility Opers		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 439.98		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>70 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BUFFALOE LYNNWOOD  Po Box 362  Youngsville NC 27596  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Maint & Utility Opers  <b>Aggregate Year-to-Date</b> > \$ 460.22	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  20.26	
<b>Full Name, Mailing Address, and ZIP Code</b> BUFFALOE LYNNWOOD  Po Box 362  Youngsville NC 27596  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Maint & Utility Opers  <b>Aggregate Year-to-Date</b> > \$ 490.48	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  20.26	
<b>Full Name, Mailing Address, and ZIP Code</b> BURDA GRETCHEN S.  5139 Misty Mom Rd  Palm Beach Gardens FL 33418  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BURDA GRETCHEN S.  5139 Misty Mom Rd  Palm Beach Gardens FL 33418  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BURDA GRETCHEN S.  5139 Misty Mom Rd  Palm Beach Gardens FL 33418  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BURKE DAVID R.  6139 Sanctuary Garden Blvd  Port Orange FL 32124  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BURKE DAVID R.  6139 Sanctuary Garden Blvd  Port Orange FL 32124  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>71 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BURKE DAVID R.  6139 Sanctuary Garden Blvd  Port Orange FL 32124  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BURKE MATTHEW T.  6 White Tail Court  Moorestown NJ 08057  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BURKE MATTHEW T.  6 White Tail Court  Moorestown NJ 08057  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BURKE MATTHEW T.  6 White Tail Court  Moorestown NJ 08057  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BURKE STEVEN E.  3503 Hastings Dr  Carlsbad CA 92008  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 198.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> BURKE STEVEN E.  3503 Hastings Dr  Carlsbad CA 92008  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 207.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> BURKE STEVEN E.  3503 Hastings Dr  Carlsbad CA 92008  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 216.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>72 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BURKES MICHAEL E.  4129 Worley Dr  Raleigh NC 27613	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 28.55
	Occupation Reg. Dir. Prof Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date $\gg$ \$ 621.14		
<b>Full Name, Mailing Address, and ZIP Code</b> BURKES MICHAEL E.  4129 Worley Dr  Raleigh NC 27613	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 28.55
	Occupation Reg. Dir. Prof Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date $\gg$ \$ 649.69		
<b>Full Name, Mailing Address, and ZIP Code</b> BURKES MICHAEL E.  4129 Worley Dr  Raleigh NC 27613	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 28.55
	Occupation Reg. Dir. Prof Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date $\gg$ \$ 678.24		
<b>Full Name, Mailing Address, and ZIP Code</b> BURKETT TAMARA  326 Brandemill Dr  Durham NC 27713	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 21.29
	Occupation Product Mgr. II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date $\gg$ \$ 449.90		
<b>Full Name, Mailing Address, and ZIP Code</b> BURKETT TAMARA  326 Brandemill Dr  Durham NC 27713	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 21.29
	Occupation Product Mgr. II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date $\gg$ \$ 471.19		
<b>Full Name, Mailing Address, and ZIP Code</b> BURKETT TAMARA  326 Brandemill Dr  Durham NC 27713	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 21.29
	Occupation Product Mgr. II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date $\gg$ \$ 492.48		
<b>Full Name, Mailing Address, and ZIP Code</b> BURRIS JAMES B.  100 Park South Lane  Holy Springs NC 27540	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date $\gg$ \$ 275.50		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		73 / 631
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BURRIS JAMES B.  100 Park South Lane  Holy Springs NC 27540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 283.84	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BURRIS JAMES B.  100 Park South Lane  Holy Springs NC 27540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 292.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BURRUS JAN L.  227 North Royal Street  Alexandria VA 22314  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 515.68	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 23.80	
<b>Full Name, Mailing Address, and ZIP Code</b> BURRUS JAN L.  227 North Royal Street  Alexandria VA 22314  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 539.56	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 23.90	
<b>Full Name, Mailing Address, and ZIP Code</b> BURRUS JAN L.  227 North Royal Street  Alexandria VA 22314  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 563.46	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 23.90	
<b>Full Name, Mailing Address, and ZIP Code</b> BURRUS WILLIAM C.  308 Pond Bluff Way  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> VP Managed Health Care  <b>Aggregate Year-to-Date</b> > \$ 360.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 30.00	
<b>Full Name, Mailing Address, and ZIP Code</b> BURTON BRANDY D.  105 Waterford Park Dr  Greer SC 29650  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 187.80	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.82	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>74 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BURTON BRANDY D.  105 Waterford Park Dr  Greer SC 29650  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 158.72	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.82	
<b>Full Name, Mailing Address, and ZIP Code</b> BURTON BRANDY D.  105 Waterford Park Dr  Greer SC 29650  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 205.64	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.92	
<b>Full Name, Mailing Address, and ZIP Code</b> BUSCH STEPHEN E.  E. 2326 40th  Spokane WA 99223  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BUSCH STEPHEN E.  E. 2328 40th  Spokane WA 99223  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BUSCH STEPHEN E.  E. 2326 40th  Spokane WA 99223  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BUSHMAN THERESA J.  2113 E 13th St  Davenport IA 52803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> BUSHMAN THERESA J.  2113 E 13th St  Davenport IA 52803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>75 / 631</b>
			<b>FOR LINE NUMBER 11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> BUSHMAN THERESA J.  2113 E 13th St Davenport IA 52803	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> BYERS JENNIFER L.  6642 Hidden Creek Loop Ne Keizer OR 97303	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.46
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 204.46		
<b>Full Name, Mailing Address, and ZIP Code</b> BYERS JENNIFER L.  6642 Hidden Creek Loop Ne Keizer OR 97303	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.46
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 213.92		
<b>Full Name, Mailing Address, and ZIP Code</b> BYERS JENNIFER L.  6642 Hidden Creek Loop Ne Keizer OR 97303	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.46
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 223.38		
<b>Full Name, Mailing Address, and ZIP Code</b> BYFORD MARTIN G.  Route 1 Box 57 Woodlawn IL 62896	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> BYFORD MARTIN G.  Route 1 Box 57 Woodlawn IL 62896	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> BYFORD MARTIN G.  Route 1 Box 57 Woodlawn IL 62896	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>76 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BYRD JAY C.  3871 White Tail Dr  Rochester MI 48306  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 187.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> BYRD JAY C.  3871 White Tail Dr  Rochester MI 48306  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 195.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> BYRD JAY C.  3871 White Tail Dr  Rochester MI 48306  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 204.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> CAIN RENEE S.  Five Moore Drive  Res. Triangle Park NC 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 190.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> CAIN RENEE S.  Five Moore Drive  Res. Triangle Park NC 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> CAIN RENEE S.  Five Moore Drive  Res. Triangle Park NC 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 210.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> CALICO P. J.  907 Cross Gates Blvd  Slidell LA 70461  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 485.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 21.48	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>77 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				<b>FOR LINE NUMBER 11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> CALICO P. J.  907 Cross Gates Blvd  Slidell LA 70461  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 488.54	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 21.48	
<b>Full Name, Mailing Address, and ZIP Code</b> CALICO P. J.  907 Cross Gates Blvd  Slidell LA 70461  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 508.02	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 21.48	
<b>Full Name, Mailing Address, and ZIP Code</b> CAMPBELL MARK J.  51 Richmond Ct  Asbury Park NJ 07712  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 207.90	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.60	
<b>Full Name, Mailing Address, and ZIP Code</b> CAMPBELL MARK J.  51 Richmond Ct  Asbury Park NJ 07712  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 217.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.60	
<b>Full Name, Mailing Address, and ZIP Code</b> CAMPBELL MARK J.  51 Richmond Ct  Asbury Park NJ 07712  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 227.10	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.60	
<b>Full Name, Mailing Address, and ZIP Code</b> CAMPBELL PATRICK E.  118 Brookside Way  Sewel NJ 08080  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Mgr. Trade Dev  <b>Aggregate Year-to-Date</b> > \$ 421.42	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.48	
<b>Full Name, Mailing Address, and ZIP Code</b> CAMPBELL PATRICK E.  118 Brookside Way  Sewel NJ 08080  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Mgr. Trade Dev  <b>Aggregate Year-to-Date</b> > \$ 440.90	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.48	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>78 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> CAMPBELL PATRICK E.  118 Brookside Way  Sevel NJ 08080  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Reg. Mgr. Trade Dev  Aggregate Year-to-Date > \$ 480.38	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 19.48	
<b>Full Name, Mailing Address, and ZIP Code</b> CANNON MICHAEL P.  726 Singing Hills Dr  Garland TX 75044  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CANNON MICHAEL P.  726 Singing Hills Dr  Garland TX 75044  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CANNON MICHAEL P.  726 Singing Hills Dr  Garland TX 75044  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CANTRELL GARY V.  12121 Betts Ln  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Grp. Dir. Health Mgmt Mktg  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> CANTRELL GARY V.  12121 Betts Ln  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Grp. Dir. Health Mgmt Mktg  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> CANTRELL GARY V.  12121 Betts Ln  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Grp. Dir. Health Mgmt Mktg  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>79 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> CARD BARI  355 McKinley St Apt 7  Fairview NJ 07022  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.50	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.77	
<b>Full Name, Mailing Address, and ZIP Code</b> CARD BARI  355 McKinley St Apt 7  Fairview NJ 07022  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 210.67	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.77	
<b>Full Name, Mailing Address, and ZIP Code</b> CARD BARI  355 McKinley St Apt 7  Fairview NJ 07022  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.44	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.77	
<b>Full Name, Mailing Address, and ZIP Code</b> CARLIN KEVIN PATRICK  7109 York Rd  Baltimore MD 21212  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 219.69	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.42	
<b>Full Name, Mailing Address, and ZIP Code</b> CARLIN KEVIN PATRICK  7109 York Rd  Baltimore MD 21212  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 230.11	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.42	
<b>Full Name, Mailing Address, and ZIP Code</b> CARLIN KEVIN PATRICK  7109 York Rd  Baltimore MD 21212  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 240.53	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.42	
<b>Full Name, Mailing Address, and ZIP Code</b> CARLIN PATRICK J.  7 Piedmont Place  England ZZ 00000  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 995.10	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 83.83	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>80 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> CARLSON DARRELL L.  197 W 2800 S  Bountiful UT 84010	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 18.25
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 401.50		
<b>Full Name, Mailing Address, and ZIP Code</b> CARLSON DARRELL L.  197 W 2800 S  Bountiful UT 84010	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 18.25
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 419.75		
<b>Full Name, Mailing Address, and ZIP Code</b> CARLSON DARRELL L.  197 W 2800 S  Bountiful UT 84010	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 18.25
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 438.00		
<b>Full Name, Mailing Address, and ZIP Code</b> CARLSON GEORGE T  2080 Ashridge Way  Granite Bay CA 95746	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 19.69
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 428.32		
<b>Full Name, Mailing Address, and ZIP Code</b> CARLSON GEORGE T  2080 Ashridge Way  Granite Bay CA 95746	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 19.69
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 448.01		
<b>Full Name, Mailing Address, and ZIP Code</b> CARLSON GEORGE T  2080 Ashridge Way  Granite Bay CA 95746	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 19.69
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 467.70		
<b>Full Name, Mailing Address, and ZIP Code</b> CARLSON ROBERTA C.  1532 S 126th St  Omaha NE 68144	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 20.06
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 433.18		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>81 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> CARLSON ROBERTA C.  1532 S 126th St  Omaha NE 68144  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 453.22	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.06	
<b>Full Name, Mailing Address, and ZIP Code</b> CARLSON ROBERTA C.  1532 S 126th St  Omaha NE 68144  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 473.28	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.06	
<b>Full Name, Mailing Address, and ZIP Code</b> CARNEY ANTHONY M.  102 Chase Ln  Lincoln University PA 19352  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CARNEY ANTHONY M.  102 Chase Ln  Lincoln University PA 19352  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CARNEY ANTHONY M.  102 Chase Ln  Lincoln University PA 19352  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CARNEY CHRISTOPHER J.  4016 White Chapel Way  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Marketing  <b>Aggregate Year-to-Date</b> > \$ 630.78	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 29.16	
<b>Full Name, Mailing Address, and ZIP Code</b> CARNEY CHRISTOPHER J.  4016 White Chapel Way  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Marketing  <b>Aggregate Year-to-Date</b> > \$ 659.94	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 29.16	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>82 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> CARNEY CHRISTOPHER J.  4016 White Chapel Way  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Marketing  <b>Aggregate Year-to-Date</b> > \$ 689.10	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 29.16	
<b>Full Name, Mailing Address, and ZIP Code</b> CAROZZA DIANE  424 Blue Grass Dr  Horseheads NY 14845  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 256.76	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.81	
<b>Full Name, Mailing Address, and ZIP Code</b> CAROZZA DIANE  424 Blue Grass Dr  Horseheads NY 14845  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 288.57	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.81	
<b>Full Name, Mailing Address, and ZIP Code</b> CAROZZA DIANE  424 Blue Grass Dr  Horseheads NY 14845  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 290.38	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.81	
<b>Full Name, Mailing Address, and ZIP Code</b> CARR JR. EDWARD V.  4220 N Kolmar Ave  Chicago IL 60641  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CARR JR. EDWARD V.  4220 N Kolmar Ave  Chicago IL 60641  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CARR JR. EDWARD V.  4220 N Kolmar Ave  Chicago IL 60641  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>83 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> CARRANO C. R.  98 Millbrook Ter  Monroe CT 06468  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 399.74	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.38	
<b>Full Name, Mailing Address, and ZIP Code</b> CARRANO C. R.  98 Millbrook Ter  Monroe CT 06468  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 418.12	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.38	
<b>Full Name, Mailing Address, and ZIP Code</b> CARRANO C. R.  98 Millbrook Ter  Monroe CT 06468  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 436.50	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.38	
<b>Full Name, Mailing Address, and ZIP Code</b> CARTER ADRIANNA L.  10 Neodak Rd  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Assoc. General Counsel  <b>Aggregate Year-to-Date</b> > \$ 750.12	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 34.50	
<b>Full Name, Mailing Address, and ZIP Code</b> CARTER ADRIANNA L.  10 Neodak Rd  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Assoc. General Counsel  <b>Aggregate Year-to-Date</b> > \$ 784.62	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 34.50	
<b>Full Name, Mailing Address, and ZIP Code</b> CARTER ADRIANNA L.  10 Neodak Rd  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Assoc. General Counsel  <b>Aggregate Year-to-Date</b> > \$ 818.12	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 34.50	
<b>Full Name, Mailing Address, and ZIP Code</b> CARTER LORRIE A.  7524 Twilight Ln  Lenexa KS 66217  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>84 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> CARTER LORRIE A.  7524 Twilight Ln  Lenexa KS 66217	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Account Manager	<b>Aggregate Year-to-Date</b> > \$ 151.82			
<b>Full Name, Mailing Address, and ZIP Code</b> CARTER LORRIE A.  7524 Twilight Ln  Lenexa KS 66217	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Account Manager	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> CASARONA DAVID  14019 Thompson Rd  Vermilion OH 44089	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.62		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 252.28			
<b>Full Name, Mailing Address, and ZIP Code</b> CASARONA DAVID  14019 Thompson Rd  Vermilion OH 44089	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.62		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 263.90			
<b>Full Name, Mailing Address, and ZIP Code</b> CASARONA DAVID  14019 Thompson Rd  Vermilion OH 44089	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.62		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 275.52			
<b>Full Name, Mailing Address, and ZIP Code</b> CASCIATO ARNOLD W.  18220 Archers Dr  Monument CO 80132	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> CASCIATO ARNOLD W.  18220 Archers Dr  Monument CO 80132	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 230.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>85 / 631</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> CASCIATO ARNOLD W.  18220 Archers Dr  Monument CO 80132	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> CASTELLO SHANNAN M.  9488 N. Senator Dr.  Fresno CA 93720	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.28
	Occupation Sr. Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 265.58		
<b>Full Name, Mailing Address, and ZIP Code</b> CASTELLO SHANNAN M.  9488 N. Senator Dr.  Fresno CA 93720	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.26
	Occupation Sr. Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 277.84		
<b>Full Name, Mailing Address, and ZIP Code</b> CASTELLO SHANNAN M.  9498 N. Senator Dr.  Fresno CA 93720	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.28
	Occupation Sr. Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 290.10		
<b>Full Name, Mailing Address, and ZIP Code</b> CASTILLO CARLOS P.  1074 Avenue C  Bayonne NJ 07002	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.37
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 260.55		
<b>Full Name, Mailing Address, and ZIP Code</b> CASTILLO CARLOS P.  1074 Avenue C  Bayonne NJ 07002	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.37
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 277.92		
<b>Full Name, Mailing Address, and ZIP Code</b> CASTILLO CARLOS P.  1074 Avenue C  Bayonne NJ 07002	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.37
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 295.29		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>86 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> CATELLO CHI  3655 Banyon Rim Rd  Yorba Linda CA 92886	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.31		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 158.70			
<b>Full Name, Mailing Address, and ZIP Code</b> CATELLO CHI  3655 Banyon Rim Rd  Yorba Linda CA 92886	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.31		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 207.01			
<b>Full Name, Mailing Address, and ZIP Code</b> CATELLO CHI  3655 Banyon Rim Rd  Yorba Linda CA 92886	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.31		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 217.32			
<b>Full Name, Mailing Address, and ZIP Code</b> CAVANAUGH JOANNE  508 Britton Pl  Voorhees NJ 08043	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.63		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 226.72			
<b>Full Name, Mailing Address, and ZIP Code</b> CAVANAUGH JOANNE  508 Britton Pl  Voorhees NJ 08043	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.63		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 237.35			
<b>Full Name, Mailing Address, and ZIP Code</b> CAVANAUGH JOANNE  508 Britton Pl  Voorhees NJ 08043	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.63		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 247.98			
<b>Full Name, Mailing Address, and ZIP Code</b> CECICH THOMAS F.  113 Kenneth Ridge Ct  Apex NC 27502	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 75.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> VP Environmental Safety	<b>Aggregate Year-to-Date</b> > \$ 897.24			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>87 / 631</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> CHAMALLAS PAMELA A.  6 Bayridge Rd.  Greenland NH 03840	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.21
	Occupation Sr. Executive Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 351.22			
<b>Full Name, Mailing Address, and ZIP Code</b> CHAMALLAS PAMELA A.  6 Bayridge Rd.  Greenland NH 03840	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.21
	Occupation Sr. Executive Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 367.43			
<b>Full Name, Mailing Address, and ZIP Code</b> CHAMALLAS PAMELA A.  6 Bayridge Rd.  Greenland NH 03840	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.21
	Occupation Sr. Executive Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 383.64			
<b>Full Name, Mailing Address, and ZIP Code</b> CHAPITAL CHERYL R.  14647 Handel Dr #124  Carmel IN 46032	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> CHAPITAL CHERYL R.  14647 Handel Dr #124  Carmel IN 46032	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> CHAPITAL CHERYL R.  14647 Handel Dr #124  Carmel IN 46032	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> CHAPMAN BETH M.  2004 Bally Burion Way  Raleigh NC 27613	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 183.48			

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>88 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> CHAPMAN BETH M.  2904 Bally Bunton Way  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> CHAPMAN BETH M.  2904 Bally Bunton Way  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> CHAPMAN MATTHEW T.  6150 Nottingham Pt  Brighton MI 48116  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 401.62	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.58		
<b>Full Name, Mailing Address, and ZIP Code</b> CHAPMAN MATTHEW T.  6150 Nottingham Pt  Brighton MI 48116  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 420.20	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.58		
<b>Full Name, Mailing Address, and ZIP Code</b> CHAPMAN MATTHEW T.  6150 Nottingham Pt  Brighton MI 48116  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 438.78	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.58		
<b>Full Name, Mailing Address, and ZIP Code</b> CHAPUT TROY A.  2429 Village Grove Rd  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Packaging Eng  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> CHAPUT TROY A.  2429 Village Grove Rd  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Packaging Eng  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>89 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> CHAPUT TROY A.  2429 Village Grove Rd  Raleigh NC 27613	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Packaging Eng	<b>Aggregate Year-to-Date</b> > \$ 200.18			
<b>Full Name, Mailing Address, and ZIP Code</b> CHAVIRA SUZETTE G.  1014 W. Spruce Str  San Diego CA 92103	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> CHAVIRA SUZETTE G.  1014 W. Spruce Str  San Diego CA 92103	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> CHAVIRA SUZETTE G.  1014 W. Spruce Str  San Diego CA 92103	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> CHENETTE MARK JOSEPH  12217 Key West Dr. Ne  Albuquerque NM 87111	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.69		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 209.94			
<b>Full Name, Mailing Address, and ZIP Code</b> CHENETTE MARK JOSEPH  12217 Key West Dr. Ne  Albuquerque NM 87111	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.69		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 219.63			
<b>Full Name, Mailing Address, and ZIP Code</b> CHENETTE MARK JOSEPH  12217 Key West Dr. Ne  Albuquerque NM 87111	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.69		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 229.32			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>90 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> CHEPPO JOHN S.  P.O. Box 4343  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Strategic Research Consultant  <b>Aggregate Year-to-Date</b> > \$ 388.88	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  17.80	
<b>Full Name, Mailing Address, and ZIP Code</b> CHEPPO JOHN S.  P.O. Box 4343  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Strategic Research Consultant  <b>Aggregate Year-to-Date</b> > \$ 406.78	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  17.50	
<b>Full Name, Mailing Address, and ZIP Code</b> CHEPPO JOHN S.  P.O. Box 4343  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Strategic Research Consultant  <b>Aggregate Year-to-Date</b> > \$ 424.68	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  17.80	
<b>Full Name, Mailing Address, and ZIP Code</b> CHERMAK LINDA B.  8809 Woodyhill Rd  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Commercial Info Mgmt  <b>Aggregate Year-to-Date</b> > \$ 198.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> CHERMAK LINDA B.  8809 Woodyhill Rd  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Commercial Info Mgmt  <b>Aggregate Year-to-Date</b> > \$ 207.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> CHERMAK LINDA B.  8809 Woodyhill Rd  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Commercial Info Mgmt  <b>Aggregate Year-to-Date</b> > \$ 216.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> CHERUBIM GERALDINE A  59 Buggywhip Trl  Honeoye Falls NY 14472  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>91 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> CHERUBIM GERALDINE A  59 Buggywhip Trl  Honeye Falls NY 14472  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> CHERUBIM GERALDINE A  59 Buggywhip Trl  Honeye Falls NY 14472  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> CHIANELLA LOUIS JOSEPH  13761 Silver Lake Ct.  Ft. Myers FL 33912  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 213.78	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.88		
<b>Full Name, Mailing Address, and ZIP Code</b> CHIANELLA LOUIS JOSEPH  13761 Silver Lake Ct.  Ft. Myers FL 33912  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 223.64	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.88		
<b>Full Name, Mailing Address, and ZIP Code</b> CHIANELLA LOUIS JOSEPH  13761 Silver Lake Ct.  Ft. Myers FL 33912  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 233.52	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.88		
<b>Full Name, Mailing Address, and ZIP Code</b> CHIKAHISA ANN M.  551 West Roscoe #3  Chicago IL 60657  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 225.36	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.88		
<b>Full Name, Mailing Address, and ZIP Code</b> CHIKAHISA ANN M.  551 West Roscoe #3  Chicago IL 60657  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 237.24	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.88		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>92 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> CHIKAHISA ANN M.  551 West Roscoe #3  Chicago IL 60657  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 249.12	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.85		
<b>Full Name, Mailing Address, and ZIP Code</b> CHILDERS TIMOTHY K.  197 Farm Lake Rd  Boiling Springs SC 29316  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> CHILDERS TIMOTHY K.  197 Farm Lake Rd  Boiling Springs SC 29316  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> CHILDERS TIMOTHY K.  197 Farm Lake Rd  Boiling Springs SC 29316  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> CHOJNACKI PAUL E.  10110 Bent Tree Ln  Fishers IN 46038  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.70	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.35		
<b>Full Name, Mailing Address, and ZIP Code</b> CHOJNACKI PAUL E.  10110 Bent Tree Ln  Fishers IN 46038  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 192.05	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.35		
<b>Full Name, Mailing Address, and ZIP Code</b> CHOJNACKI PAUL E.  10110 Bent Tree Ln  Fishers IN 46038  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.40	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.35		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>93 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> CHRISTIAN ERIC L.  2000 Castalia Dr  Cary NC 27513		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Mgr. Sfa & Bus Ops Dec Supp			
		Aggregate Year-to-Date > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> CHRISTIAN ERIC L.  2000 Castalia Dr  Cary NC 27513		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Mgr. Sfa & Bus Ops Dec Supp			
		Aggregate Year-to-Date > \$ 230.00			
<b>Full Name, Mailing Address, and ZIP Code</b> CHRISTIAN ERIC L.  2000 Castalia Dr  Cary NC 27513		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Mgr. Sfa & Bus Ops Dec Supp			
		Aggregate Year-to-Date > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> CIARLO NICHOLAS ANTHONY  #4 Bartholomew Ln.  Wallingford CT 06492		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep - Tas			
		Aggregate Year-to-Date > \$ 270.24			
<b>Full Name, Mailing Address, and ZIP Code</b> CIARLO NICHOLAS ANTHONY  #4 Bartholomew Ln.  Wallingford CT 06492		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep - Tas			
		Aggregate Year-to-Date > \$ 283.72			
<b>Full Name, Mailing Address, and ZIP Code</b> CIARLO NICHOLAS ANTHONY  #4 Bartholomew Ln.  Wallingford CT 06492		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep - Tas			
		Aggregate Year-to-Date > \$ 297.20			
<b>Full Name, Mailing Address, and ZIP Code</b> CIONCI THOMAS C.  21 John Singer Sargent Way  Marlton NJ 08053		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep			
		Aggregate Year-to-Date > \$ 188.20			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	94 / 631
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> CIONCI THOMAS C.  21 John Singer Sargent Way  Marlton NJ 08053  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 201.22	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.02		
<b>Full Name, Mailing Address, and ZIP Code</b> CIONCI THOMAS C.  21 John Singer Sargent Way  Marlton NJ 08053  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 214.24	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.02		
<b>Full Name, Mailing Address, and ZIP Code</b> CLARK JIMMY A.  317 Wimbledon Ct  Macon GA 31211  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - One/Hiv  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> CLARK JIMMY A.  317 Wimbledon Ct  Macon GA 31211  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - One/Hiv  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> CLARK JIMMY A.  317 Wimbledon Ct  Macon GA 31211  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - One/Hiv  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> CLARK JOHN MASON  10620 Canyon Vista Rd  Moreno Valley CA 92557  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 232.60	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.81		
<b>Full Name, Mailing Address, and ZIP Code</b> CLARK JOHN MASON  10620 Canyon Vista Rd  Moreno Valley CA 92557  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 243.41	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.81		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>95 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> CLARK JOHN MASON  10620 Canyon Vista Rd  Moreno Valley CA 92557	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.81
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 254.22		
<b>Full Name, Mailing Address, and ZIP Code</b> CLAVIER HAROLD J.  137 Bertel Dr  Covington LA 70433	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.02
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 368.86		
<b>Full Name, Mailing Address, and ZIP Code</b> CLAVIER HAROLD J.  137 Bertel Dr  Covington LA 70433	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.02
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 385.88		
<b>Full Name, Mailing Address, and ZIP Code</b> CLAVIER HAROLD J.  137 Bertel Dr  Covington LA 70433	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.02
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 402.90		
<b>Full Name, Mailing Address, and ZIP Code</b> CLAY PAUL  5739 Whitehal Wak  Dunwoody GA 30338	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.00
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 241.36		
<b>Full Name, Mailing Address, and ZIP Code</b> CLAY PAUL  5739 Whitehal Wak  Dunwoody GA 30338	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.00
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 253.36		
<b>Full Name, Mailing Address, and ZIP Code</b> CLAY PAUL  5739 Whitehal Wak  Dunwoody GA 30338	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.00
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 265.36		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	96 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> CLAY SANDRA B.  Three Ravinia Dr Ste 1900  Atlanta GA 30346		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Mgr. Market Development			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> CLAY SANDRA B.  Three Ravinia Dr Ste 1900  Atlanta GA 30346		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Mgr. Market Development			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> CLAY SANDRA B.  Three Ravinia Dr Ste 1900  Atlanta GA 30346		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Mgr. Market Development			
		<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> COATES GERALD L.  7805 Ketley Ct  Raleigh NC 27615		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Asst. Dir. Regulatory Affairs			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> COATES GERALD L.  7805 Ketley Ct  Raleigh NC 27815		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Asst. Dir. Regulatory Affairs			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> COATES GERALD L.  7805 Ketley Ct  Raleigh NC 27815		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Asst. Dir. Regulatory Affairs			
		<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> COCOLAS ANTHONY G.  700 Valley Hill Lane  Knoxville TN 37922		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>97 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> COCOLAS ANTHONY G.  700 Valley Hill Lane  Knoxville TN 37922  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> COCOLAS ANTHONY G.  700 Valley Hill Lane  Knoxville TN 37922  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> COFFEY BRYAN L.  11809 Straight A Way Ln  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc V  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> COFFEY BRYAN L.  11909 Straight A Way Ln  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc V  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> COFFEY BRYAN L.  11909 Straight A Way Ln  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc V  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> COHEN D. BRUCE  1116 Bentham Dr  Raleigh NC 27614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Packaging Technology  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> COHEN D. BRUCE  1116 Bentham Dr  Raleigh NC 27614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Packaging Technology  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>98 / 631</b>
			<b>FOR LINE NUMBER 11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> COHEN D. BRUCE  1116 Bentham Dr  Raleigh NC 27614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Dir. Packaging Technology		
	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> COHEN DAVID L.  1709 Rolling Hills Dr  Fullerton CA 92835  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> COHEN DAVID L.  1709 Rolling Hills Dr  Fullerton CA 92835  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> COHEN DAVID L.  1709 Rolling Hills Dr  Fullerton CA 92835  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> COHN PAUL  1008 Marabon Ave.  Orlando FL 32806  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.69
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date > \$ 230.68		
<b>Full Name, Mailing Address, and ZIP Code</b> COHN PAUL  1008 Marabon Ave.  Orlando FL 32806  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.69
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date > \$ 241.37		
<b>Full Name, Mailing Address, and ZIP Code</b> COHN PAUL  1008 Marabon Ave.  Orlando FL 32806  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.69
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date > \$ 252.08		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>99 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> COLBORN ALAN S.  616 DULUTH St  Durham NC 27705	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Acting Dir. Quality Control				
<b>Aggregate Year-to-Date</b> > \$ 158.00					
<b>Full Name, Mailing Address, and ZIP Code</b> COLBORN ALAN S.  616 Duluth St  Durham NC 27705	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Acting Dir. Quality Control				
<b>Aggregate Year-to-Date</b> > \$ 207.00					
<b>Full Name, Mailing Address, and ZIP Code</b> COLBORN ALAN S.  616 Duluth St  Durham NC 27705	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Acting Dir. Quality Control				
<b>Aggregate Year-to-Date</b> > \$ 216.00					
<b>Full Name, Mailing Address, and ZIP Code</b> COLE LYNAE A.  6807 S McKerny St  Tempe AZ 85283	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 183.48					
<b>Full Name, Mailing Address, and ZIP Code</b> COLE LYNAE A.  6807 S McKerny St  Tempe AZ 85283	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 191.82					
<b>Full Name, Mailing Address, and ZIP Code</b> COLE LYNAE A.  6807 S McKerny St  Tempe AZ 85283	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 200.16					
<b>Full Name, Mailing Address, and ZIP Code</b> COLEMAN ANN-MARIE L.  3 Moody Street  Worcester MA 01606	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.67		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Tas				
<b>Aggregate Year-to-Date</b> > \$ 272.14					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>100 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> COLEMAN ANN-MARIE L.  3 Moody Street  Worcester MA 01606  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 284.81	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.67	
<b>Full Name, Mailing Address, and ZIP Code</b> COLEMAN ANN-MARIE L.  3 Moody Street  Worcester MA 01606  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 297.48	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.67	
<b>Full Name, Mailing Address, and ZIP Code</b> COLLINS JEFFREY E.  4201 City Of Oaks Wynd  Raleigh NC 27612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Product Mgr. I  <b>Aggregate Year-to-Date</b> > \$ 388.50	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.06	
<b>Full Name, Mailing Address, and ZIP Code</b> COLLINS JEFFREY E.  4201 City Of Oaks Wynd  Raleigh NC 27612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Product Mgr. I  <b>Aggregate Year-to-Date</b> > \$ 407.56	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.06	
<b>Full Name, Mailing Address, and ZIP Code</b> COLLINS JEFFREY E.  4201 City Of Oaks Wynd  Raleigh NC 27612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Product Mgr. I  <b>Aggregate Year-to-Date</b> > \$ 426.62	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 19.06	
<b>Full Name, Mailing Address, and ZIP Code</b> COLUZZI DESIREE TERESE  1202 Sedgefield Dr  Mt. Laurel NJ 08054  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.66	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.13	
<b>Full Name, Mailing Address, and ZIP Code</b> COLUZZI DESIREE TERESE  1202 Sedgefield Dr  Mt. Laurel NJ 08054  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 202.79	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.13	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>101 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> COLUZZI DESIREE TERESE  1202 Sedgefield Dr  Mt. Laurel NJ 08054  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 211.92	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.13		
<b>Full Name, Mailing Address, and ZIP Code</b> CONLIN KATHLEEN C.  6149 Louisville St  New Orleans LA 70124  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 207.36	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> CONLIN KATHLEEN C.  6149 Louisville St  New Orleans LA 70124  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 215.70	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> CONLIN KATHLEEN C.  6149 Louisville St  New Orleans LA 70124  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 224.04	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> CONNER CHRISTOPHER E.  4620 N 23rd St  Arlington VA 22207  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 408.76	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.88		
<b>Full Name, Mailing Address, and ZIP Code</b> CONNER CHRISTOPHER E.  4620 N 23rd St  Arlington VA 22207  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 427.64	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.88		
<b>Full Name, Mailing Address, and ZIP Code</b> CONNER CHRISTOPHER E.  4620 N 23rd St  Arlington VA 22207  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 448.52	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.88		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	102 / 631
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> CONROY EDWARD V.  11601 Rutledge Bay  Raleigh NC 27614		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> CONROY EDWARD V.  11601 Rutledge Bay  Raleigh NC 27614		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 230.00			
<b>Full Name, Mailing Address, and ZIP Code</b> CONROY EDWARD V.  11601 Rutledge Bay  Raleigh NC 27614		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> CONSTANTINE KIM A.  1304 Fawn Valley Dr  League City TX 77573		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> CONSTANTINE KIM A.  1304 Fawn Valley Dr  League City TX 77573		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> CONSTANTINE KIM A.  1304 Fawn Valley Dr  League City TX 77573		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> CONWAY PATRICIA M.  23 Trout Brook Ln  Norwell MA 02061		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>103 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> CONWAY PATRICIA M.  23 Trout Brook Ln  Norwell MA 02061  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CONWAY PATRICIA M.  23 Trout Brook Ln  Norwell MA 02061  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> COOPER JENNIFER G.  6908 Upland Ln  Coleyville TX 76034  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 188.08	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.61	
<b>Full Name, Mailing Address, and ZIP Code</b> COOPER JENNIFER G.  6908 Upland Ln  Coleyville TX 76034  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 194.67	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.61	
<b>Full Name, Mailing Address, and ZIP Code</b> COOPER JENNIFER G.  6908 Upland Ln  Coleyville TX 76034  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 203.28	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.61	
<b>Full Name, Mailing Address, and ZIP Code</b> COOPER MELISSA  2900 Hal Se  East Grand Rapids MI 49506  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 329.43	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.04	
<b>Full Name, Mailing Address, and ZIP Code</b> COOPER MELISSA  2900 Hal Se  East Grand Rapids MI 49506  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 345.47	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.04	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>104 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> COOPER MELISSA  2900 Hall Se  East Grand Rapids MI 49506  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 361.51	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.04	
<b>Full Name, Mailing Address, and ZIP Code</b> CORDES MARK E.  41 Forest Glen Ct  Terre Haute IN 47802  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 367.10	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.91	
<b>Full Name, Mailing Address, and ZIP Code</b> CORDES MARK E.  41 Forest Glen Ct  Terre Haute IN 47802  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 384.01	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.81	
<b>Full Name, Mailing Address, and ZIP Code</b> CORDES MARK E.  41 Forest Glen Ct  Terre Haute IN 47802  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 400.92	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.91	
<b>Full Name, Mailing Address, and ZIP Code</b> CORNELL PATRICIA LYNN  1426 Rush Scottsville Road  Rush NY 14543  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CORNELL PATRICIA LYNN  1426 Rush Scottsville Road  Rush NY 14543  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CORNELL PATRICIA LYNN  1426 Rush Scottsville Road  Rush NY 14543  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>105 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> CORNELL WHITNEY B.  3501 Filmore St. #101  San Francisco CA 94123  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CORNELL WHITNEY B.  3501 Filmore St. #101  San Francisco CA 94123  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CORNELL WHITNEY B.  3501 Filmore St. #101  San Francisco CA 94123  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CORSON ANN M.  3420 Deerwood Cir  Hoover AL 35216  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> CORSON ANN M.  3420 Deerwood Cir  Hoover AL 35216  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> CORSON ANN M.  3420 Deerwood Cir  Hoover AL 35216  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> COUGHLIN ROBERT E.  1126 Brook Arbor Dr  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation VP National Accounts  Aggregate Year-to-Date > \$ 200.04	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.67	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>106 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> COURTNEY DON H.  1606 Quail Vly W  Columbia SC 29212	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.08		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 358.30			
<b>Full Name, Mailing Address, and ZIP Code</b> COURTNEY DON H.  1606 Quail Vly W  Columbia SC 29212	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.08		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 375.38			
<b>Full Name, Mailing Address, and ZIP Code</b> COURTNEY DON H.  1606 Quail Vly W  Columbia SC 29212	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.08		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 392.46			
<b>Full Name, Mailing Address, and ZIP Code</b> COX AUTUMN L.  11600 N Saxon Dr  Hayden Lake ID 83835	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.81		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 298.80			
<b>Full Name, Mailing Address, and ZIP Code</b> COX AUTUMN L.  11600 N Saxon Dr  Hayden Lake ID 83835	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.81		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 313.61			
<b>Full Name, Mailing Address, and ZIP Code</b> COX AUTUMN L.  11600 N Saxon Dr  Hayden Lake ID 83835	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.81		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 327.42			
<b>Full Name, Mailing Address, and ZIP Code</b> COX RUTLEDGE E.  3183 Chipping Wood Ct  Alpharetta GA 30004	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc IX	<b>Aggregate Year-to-Date</b> > \$ 220.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>107 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> COX RUTLEDGE E.  3183 Chipping Wood Ct  Alpharetta GA 30004	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Sales & Mktg Assoc IX		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> COX RUTLEDGE E.  3153 Chipping Wood Ct  Alpharetta GA 30004	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sales & Mktg Assoc IX		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> COY GEOFFREY  10049 N. 40th St.  Phoenix AZ 85028	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.17
	Occupation Sr. Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 328.28		
<b>Full Name, Mailing Address, and ZIP Code</b> COY GEOFFREY  10049 N. 40th St.  Phoenix AZ 85028	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.17
	Occupation Sr. Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 344.43		
<b>Full Name, Mailing Address, and ZIP Code</b> COY GEOFFREY  10049 N. 40th St.  Phoenix AZ 85028	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.17
	Occupation Sr. Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 360.60		
<b>Full Name, Mailing Address, and ZIP Code</b> CRAVEN VICKI LYNN  1049 Villa Gran Way  Fenton MD 83026	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Account Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> CRAVEN VICKI LYNN  1049 Villa Gran Way  Fenton MD 83026	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Account Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>108 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> CRAVEN VICKI LYNN  1049 Villa Gran Way  Fenton MO 63026	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Account Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> CREW JOE S.  4314 Cedar Ridge Trl  Houston TX 77059	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Mgr. Market Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> CREW JOE S.  4314 Cedar Ridge Trl  Houston TX 77059	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Mgr. Market Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> CREW JOE S.  4314 Cedar Ridge Trl  Houston TX 77059	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Mgr. Market Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> CREWS RONALD W.  1160 Garlock Ln  Colorado Springs CO 80918	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> CREWS RONALD W.  1160 Garlock Ln  Colorado Springs CO 80918	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> CREWS RONALD W.  1160 Garlock Ln  Colorado Springs CO 80918	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>109 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> CRICHTON CATHERINE A.  8201 W 86th St  Overland Park KS 66212	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 183.48					
<b>Full Name, Mailing Address, and ZIP Code</b> CRICHTON CATHERINE A.  8201 W 88th St  Overland Park KS 66212	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 191.82					
<b>Full Name, Mailing Address, and ZIP Code</b> CRICHTON CATHERINE A.  8201 W 86th St  Overland Park KS 66212	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 200.18					
<b>Full Name, Mailing Address, and ZIP Code</b> CROAKER MARY KATHLEEN MCDONALD  1323 Liberty Dr  Owatonna MN 55060	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 183.48					
<b>Full Name, Mailing Address, and ZIP Code</b> CROAKER MARY KATHLEEN MCDONALD  1323 Liberty Dr  Owatonna MN 55060	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 191.82					
<b>Full Name, Mailing Address, and ZIP Code</b> CROAKER MARY KATHLEEN MCDONALD  1323 Liberty Dr  Owatonna MN 55060	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 200.16					
<b>Full Name, Mailing Address, and ZIP Code</b> CROW BRYAN  608 Fernwood St  Panama City Beach FL 32407	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.76		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 318.18					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>110 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> CROW BRYAN  608 Fernwood St  Panama City Beach FL 32407  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 332.94	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.76	
<b>Full Name, Mailing Address, and ZIP Code</b> CROW BRYAN  605 Fernwood St  Panama City Beach FL 32407  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 347.70	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.76	
<b>Full Name, Mailing Address, and ZIP Code</b> CROWDER KELLEY A.  7131 Westmoreland Dr  St. Louis MO 63130  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 198.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> CROWDER KELLEY A.  7131 Westmoreland Dr  St. Louis MO 63130  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 207.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> CROWDER KELLEY A.  7131 Westmoreland Dr  St. Louis MO 63130  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 216.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> CROWE MAUREEN  7112 Weathered Oak Ln  Rockford IL 61107  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> CROWE MAUREEN  7112 Weathered Oak Ln  Rockford IL 61107  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>111 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> CROWE MAUREEN  7112 Weathered Oak Ln  Rockford IL 61107	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> CUMBO ALEXANDER BO  413 1st St S # 301  Jacksonville Beach FL 32250	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> CUMBO ALEXANDER BO  413 1st St S # 301  Jacksonville Beach FL 32250	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> CUMBO ALEXANDER BO  413 1st St S # 301  Jacksonville Beach FL 32250	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> CURTIN BARBARA A.  757 S Vine St  Denver CO 80209	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> CURTIN BARBARA A.  757 S Vine St  Denver CO 80209	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> CURTIN BARBARA A.  757 S Vine St  Denver CO 80209	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>112 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> CURTIS PAMELA A.  8849 S 73rd East Ave  Tulsa OK 74133	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.42	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 289.82		
<b>Full Name, Mailing Address, and ZIP Code</b> CURTIS PAMELA A.  8849 S 73rd East Ave  Tulsa OK 74133	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.42	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 303.24		
<b>Full Name, Mailing Address, and ZIP Code</b> CURTIS PAMELA A.  8849 S 73rd East Ave  Tulsa OK 74133	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.42	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 316.68		
<b>Full Name, Mailing Address, and ZIP Code</b> CURTSINGER MELINDA DARLENE  5516 Green Valley Dr  Knoxville TN 37914	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 190.00		
<b>Full Name, Mailing Address, and ZIP Code</b> CURTSINGER MELINDA DARLENE  5516 Green Valley Dr  Knoxville TN 37914	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.00		
<b>Full Name, Mailing Address, and ZIP Code</b> CURTSINGER MELINDA DARLENE  5516 Green Valley Dr  Knoxville TN 37914	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 210.00		
<b>Full Name, Mailing Address, and ZIP Code</b> D'ALESSANDRO DALE C.  13313 College Valley Ln  Richmond VA 23233	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>113 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> D'ALESSANDRO DALE C.  13313 College Valley Ln  Richmond VA 23233	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> D'ALESSANDRO DALE C.  13313 College Valley Ln  Richmond VA 23233	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> D'ALESSIO DAWN M.  80 Lucille Ave  Staten Island NY 10309	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> D'ALESSIO DAWN M.  80 Lucille Ave  Staten Island NY 10309	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> D'ALESSIO DAWN M.  80 Lucille Ave  Staten Island NY 10309	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> D'ANGELOS STEPHEN M.  242 Talbotville Road  Vernon CT 06066	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> D'ANGELOS STEPHEN M.  242 Talbotville Road  Vernon CT 06066	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>114 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> D'ANGELOS STEPHEN M.  242 Talbotville Road  Vernon CT 06066  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> D'ANIERI JOSEPH L.  36 Bobolink Ln  Levittown NY 11756  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Regional Corp Health Mgr  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> D'ANIERI JOSEPH L.  36 Bobolink Ln  Levittown NY 11756  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Regional Corp Health Mgr  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> D'ANIERI JOSEPH L.  36 Bobolink Ln  Levittown NY 11756  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Regional Corp Health Mgr  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> DADSWELL CHARLES E.  119 Crosswind Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Asst. Intellect Prop Counsel I  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DADSWELL CHARLES E.  119 Crosswind Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Asst. Intellect Prop Counsel I  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DADSWELL CHARLES E.  118 Crosswind Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Asst. Intellect Prop Counsel I  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>115 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> DALEY IAN C.  27 Morningside Dr  Old Bridge NJ 08857  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> DALEY IAN C.  27 Morningside Dr  Old Bridge NJ 08857  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> DALEY IAN C.  27 Morningside Dr  Old Bridge NJ 08857  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> DALLAGO ROCHELLE A.  7 Andream Drive  Annandale NJ 08801  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> DALLAGO ROCHELLE A.  7 Andream Drive  Annandale NJ 08801  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> DALLAGO ROCHELLE A.  7 Andream Drive  Annandale NJ 08801  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> DALPE JOHN L  203 Kaly Springs Court  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc V  <b>Aggregate Year-to-Date</b> > \$ 178.74	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.82	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	116 / 631
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> DALPE JOHN L  203 Kelly Springs Court  Apex NC 27502		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.82
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sales & Mktg Assoc V			
		<b>Aggregate Year-to-Date</b> > \$ 153.58			
<b>Full Name, Mailing Address, and ZIP Code</b> DALPE JOHN L  203 Kelly Springs Court  Apex NC 27502		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.82
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sales & Mktg Assoc V			
		<b>Aggregate Year-to-Date</b> > \$ 208.38			
<b>Full Name, Mailing Address, and ZIP Code</b> DALY DENNIS J.  12 Briarwood Ct  St James NY 11780		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.63
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 273.90			
<b>Full Name, Mailing Address, and ZIP Code</b> DALY DENNIS J.  12 Briarwood Ct  St James NY 11780		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.63
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 286.53			
<b>Full Name, Mailing Address, and ZIP Code</b> DALY DENNIS J.  12 Briarwood Ct  St James NY 11780		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.63
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 299.16			
<b>Full Name, Mailing Address, and ZIP Code</b> DALY JAMES M.  201 Chishurst Way  Cary NC 27513		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> VP & Gm Respiratory and Ai			
		<b>Aggregate Year-to-Date</b> > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> DAMPMAN STEPHANIE  688 Bianvenida Unit C  Pacific Palisades CA 90272		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.61
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 237.18			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>117 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> DAMPMAN STEPHANIE  688 Bienvenida Unit C  Pacific Palisades CA 90272  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 248.79	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.61	
<b>Full Name, Mailing Address, and ZIP Code</b> DAMPMAN STEPHANIE  688 Bienvenida Unit C  Pacific Palisades CA 90272  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 290.40	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.61	
<b>Full Name, Mailing Address, and ZIP Code</b> DANNENBERG HOWARD G.  21 B Chestnut Hill Rd  Sandy Hook CT 06482  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 301.98	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.01	
<b>Full Name, Mailing Address, and ZIP Code</b> DANNENBERG HOWARD G.  21 B Chestnut Hill Rd  Sandy Hook CT 06482  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 315.98	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.01	
<b>Full Name, Mailing Address, and ZIP Code</b> DANNENBERG HOWARD G.  21 B Chestnut Hill Rd  Sandy Hook CT 06482  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.01	
<b>Full Name, Mailing Address, and ZIP Code</b> DASBURG DARREN M.  309 Highlands Lake Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation VP Engineering  Aggregate Year-to-Date > \$ 1750.88	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 147.33	
<b>Full Name, Mailing Address, and ZIP Code</b> DAVENPORT GLENDA C.  5112 Masola Rd  Raleigh NC 27612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Sales Analysis & Rptg  Aggregate Year-to-Date > \$ 407.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 18.74	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>118 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> DAVENPORT GLENDA C.  5112 Masola Rd  Raleigh NC 27612	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.74	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Sales Analysis & Rptng	<b>Aggregate Year-to-Date</b> > \$ 428.22		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVENPORT GLENDA C.  5112 Masola Rd  Raleigh NC 27612	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.74	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Sales Analysis & Rptng	<b>Aggregate Year-to-Date</b> > \$ 444.86		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIES THOMAS ALAN  36 Forest View Dr  Hollis NH 03049	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 23.41	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 507.64		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIES THOMAS ALAN  36 Forest View Dr  Hollis NH 03049	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 23.41	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 531.05		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIES THOMAS ALAN  36 Forest View Dr  Hollis NH 03049	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 23.41	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 554.46		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS JOHN JEFFERSON  3550 Watervale Way  Augusta GA 30907	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 188.08		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS JOHN JEFFERSON  3550 Watervale Way  Augusta GA 30907	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 208.08		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>119 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS JOHN JEFFERSON  3550 Watervale Way  Augusta GA 30907	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 218.08		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS LABERT F.  32481 Chesterbrook St  Farmington Hills MI 48334	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  13.24	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 295.88		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS LABERT F.  32481 Chesterbrook St  Farmington Hills MI 48334	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  13.24	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 299.12		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS LABERT F.  32481 Chesterbrook St  Farmington Hills MI 48334	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  13.24	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 312.36		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS MARK E.  16 Sheldrake Rd  Newark DE 19713	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS MARK E.  16 Sheldrake Rd  Newark DE 19713	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS MARK E.  16 Sheldrake Rd  Newark DE 19713	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>120 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS MARTIN R.  6780 Haugen Ln  Duluth MN 55803	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.29
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 308.74		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS MARTIN R.  6780 Haugen Ln  Duluth MN 55803	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.29
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 323.03		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS MARTIN R.  6780 Haugen Ln  Duluth MN 55803	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.29
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 337.32		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS SUSAN MICHELE  217 Westbury Ln  Florence AL 35630	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.98
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 190.02		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS SUSAN MICHELE  217 Westbury Ln  Florence AL 35630	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.98
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 199.00		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVIS SUSAN MICHELE  217 Westbury Ln  Florence AL 35630	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.98
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 207.98		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVISON JAMES A.  6107 Pingree Rd  Crystal Lake IL 60014	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 20.88
	Occupation Sales & Mktg Assoc IX		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 451.58		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>121 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> DAVISON JAMES A.  6107 Pingree Rd  Crystal Lake IL 60014  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc IX  <b>Aggregate Year-to-Date</b> > \$ 472.44	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.88		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVISON JAMES A.  6107 Pingree Rd  Crystal Lake IL 60014  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc IX  <b>Aggregate Year-to-Date</b> > \$ 493.32	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.88		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVISON JOANNA L.  1441e Skyridge Dr.  Crystal Lake IL 60014  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVISON JOANNA L.  1441e Skyridge Dr.  Crystal Lake IL 60014  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> DAVISON JOANNA L.  1441e Skyridge Dr.  Crystal Lake IL 60014  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> DEAN JOSEPH L.  7128 Creekwood Dr  Mandeville LA 70471  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 407.24	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.71		
<b>Full Name, Mailing Address, and ZIP Code</b> DEAN JOSEPH L.  7128 Creekwood Dr  Mandeville LA 70471  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 425.95	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.71		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>122 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> DEAN JOSEPH L.  7128 Creekwood Dr  Mandeville LA 70471  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 444.68	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.71	
<b>Full Name, Mailing Address, and ZIP Code</b> DEAN TIMOTHY W.  2005 Westwind Dr  Kingsport TN 37660  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 388.64	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.94	
<b>Full Name, Mailing Address, and ZIP Code</b> DEAN TIMOTHY W.  2005 Westwind Dr  Kingsport TN 37660  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 407.58	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.84	
<b>Full Name, Mailing Address, and ZIP Code</b> DEAN TIMOTHY W.  2005 Westwind Dr  Kingsport TN 37660  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 425.52	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.94	
<b>Full Name, Mailing Address, and ZIP Code</b> DEBERRY DAN  Five Moore Drive  Res. Triangle Park NC 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 247.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DEBERRY DAN  Five Moore Drive  Res. Triangle Park NC 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 260.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DEBERRY DAN  Five Moore Drive  Res. Triangle Park NC 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 273.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	123 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> DECKER BRUCE P.  151 Pierce Ave  Hamburg NY 14075		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Tas			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> DECKER BRUCE P.  151 Pierce Ave  Hamburg NY 14075		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Tas			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> DECKER BRUCE P.  151 Pierce Ave  Hamburg NY 14075		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Tas			
		<b>Aggregate Year-to-Date</b> > \$ 200.18			
<b>Full Name, Mailing Address, and ZIP Code</b> DECKER GARY R.  6529 Meadowlark Cir  Jackson MI 49201		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 297.36			
<b>Full Name, Mailing Address, and ZIP Code</b> DECKER GARY R.  6529 Meadowlark Cir  Jackson MI 49201		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 300.49			
<b>Full Name, Mailing Address, and ZIP Code</b> DECKER GARY R.  6529 Meadowlark Cir  Jackson MI 49201		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 313.62			
<b>Full Name, Mailing Address, and ZIP Code</b> DEENER GREGORY A.  1318 Canterbury Rd  Raleigh NC 27608		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Commercial Strategy			
		<b>Aggregate Year-to-Date</b> > \$ 200.18			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>124 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> DEEWALL MORRIS P.  6528 Timber Rdg  Godfrey IL 62035  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 425.78	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 19.59
<b>Full Name, Mailing Address, and ZIP Code</b> DEEWALL MORRIS P.  6528 Timber Rdg  Godfrey IL 62035  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 445.35	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 19.59
<b>Full Name, Mailing Address, and ZIP Code</b> DEEWALL MORRIS P.  6528 Timber Rdg  Godfrey IL 62035  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 464.94	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 19.59
<b>Full Name, Mailing Address, and ZIP Code</b> DEGUIA MANUEL M.  3180 Venard Rd  Downers Grove IL 60515  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> DEGUIA MANUEL M.  3180 Venard Rd  Downers Grove IL 60515  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> DEGUIA MANUEL M.  3180 Venard Rd  Downers Grove IL 60515  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> DELEON CHRISTINA  11825 Oak Highland Dr  Dallas TX 75243  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 260.38	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.01
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	125 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> DELEON CHRISTINA  11825 Oak Highland Dr  Dallas TX 75243		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 272.39			
<b>Full Name, Mailing Address, and ZIP Code</b> DELEON CHRISTINA  11525 Oak Highland Dr  Dallas TX 75243		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 294.40			
<b>Full Name, Mailing Address, and ZIP Code</b> DELGIORNO JOHN F.  318 Schubauer Dr  Cary NC 27513		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 66.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> VP Prof & State Govt Affairs			
		<b>Aggregate Year-to-Date</b> > \$ 781.92			
<b>Full Name, Mailing Address, and ZIP Code</b> DELK DEBBIE TAYLOR  301 Hearthstone Ln  Coppell TX 75019		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.59
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Tas			
		<b>Aggregate Year-to-Date</b> > \$ 313.72			
<b>Full Name, Mailing Address, and ZIP Code</b> DELK DEBBIE TAYLOR  301 Hearthstone Ln  Coppell TX 75019		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.59
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Tas			
		<b>Aggregate Year-to-Date</b> > \$ 328.31			
<b>Full Name, Mailing Address, and ZIP Code</b> DELK DEBBIE TAYLOR  301 Hearthstone Ln  Coppell TX 75019		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.59
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Tas			
		<b>Aggregate Year-to-Date</b> > \$ 342.90			
<b>Full Name, Mailing Address, and ZIP Code</b> DELK GARY C.  301 Hearthstone Lane  Coppell TX 75019		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.31
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 378.32			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	126 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> DELK GARY C.  301 Hearhstone Lane  Coppell TX 75010		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.31
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 350.63			
<b>Full Name, Mailing Address, and ZIP Code</b> DELK GARY C.  301 Hearhstone Lane  Coppell TX 75019		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.31
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 410.84			
<b>Full Name, Mailing Address, and ZIP Code</b> DELLA VALLE PHILIP K.  35 Colony Oaks Dr  Pittsburgh PA 15209		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.09
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 369.08			
<b>Full Name, Mailing Address, and ZIP Code</b> DELLA VALLE PHILIP K.  35 Colony Oaks Dr  Pittsburgh PA 15209		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.09
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 346.17			
<b>Full Name, Mailing Address, and ZIP Code</b> DELLA VALLE PHILIP K.  35 Colony Oaks Dr  Pittsburgh PA 15209		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.09
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 403.26			
<b>Full Name, Mailing Address, and ZIP Code</b> DELLAVALLE JOHN D.  17 Colony Oaks Dr  Pittsburgh PA 15209		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 361.70			
<b>Full Name, Mailing Address, and ZIP Code</b> DELLAVALLE JOHN D.  17 Colony Oaks Dr  Pittsburgh PA 15209		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 378.40			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>127 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> DELLAVALLE JOHN D.  17 Colony Oaks Dr  Pittsburgh PA 15200	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.70
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 356.10		
<b>Full Name, Mailing Address, and ZIP Code</b> DEMOTT ERIC T.  4480 Cricket Ridge Dr Apt 201  Holt MI 48842	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.13
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 238.62		
<b>Full Name, Mailing Address, and ZIP Code</b> DEMOTT ERIC T.  4480 Cricket Ridge Dr Apt 201  Holt MI 48842	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.13
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 249.75		
<b>Full Name, Mailing Address, and ZIP Code</b> DEMOTT ERIC T.  4480 Cricket Ridge Dr Apt 201  Holt MI 48842	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.13
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 290.88		
<b>Full Name, Mailing Address, and ZIP Code</b> DENNEY SANDRA M.  1041 Springview Ct  Athens GA 30606	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.69
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 384.32		
<b>Full Name, Mailing Address, and ZIP Code</b> DENNEY SANDRA M.  1041 Springview Ct  Athens GA 30606	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.69
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 402.01		
<b>Full Name, Mailing Address, and ZIP Code</b> DENNEY SANDRA M.  1041 Springview Ct  Athens GA 30606	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.69
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 419.70		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	128 / 631
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> DEROSSET MARSDEN B.  1632 Lowell Lane  Albany GA 31707		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> DEROSSET MARSDEN B.  1632 Lowell Lane  Albany GA 31707		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> DEROSSET MARSDEN B.  1632 Lowell Lane  Albany GA 31707		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> DEROUIN PETER S.  8100 Winstone Ct  Raleigh NC 27615		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Mgr. Cmd Prog Implementation		<b>Aggregate Year-to-Date</b> > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> DEROUIN PETER S.  8100 Winstone Ct  Raleigh NC 27815		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Mgr. Cmd Prog Implementation		<b>Aggregate Year-to-Date</b> > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> DEROUIN PETER S.  8100 Winstone Ct  Raleigh NC 27815		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Mgr. Cmd Prog Implementation		<b>Aggregate Year-to-Date</b> > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> DESARO JOSEPH V.  855 W. Lower Springboro Road  Springboro OH 45066		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.85
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 367.02	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>129 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> DESARO JOSEPH V.  855 W. Lower Springboro Road  Springboro OH 45066  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 383.97	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.85	
<b>Full Name, Mailing Address, and ZIP Code</b> DESARO JOSEPH V.  855 W. Lower Springboro Road  Springboro OH 45066  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 400.82	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.55	
<b>Full Name, Mailing Address, and ZIP Code</b> DESTEFANO CHRISTINE T  285 Oakland Ave.  Monroe NY 10950  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 211.88	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.83	
<b>Full Name, Mailing Address, and ZIP Code</b> DESTEFANO CHRISTINE T  285 Oakland Ave.  Monroe NY 10950  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 221.71	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.83	
<b>Full Name, Mailing Address, and ZIP Code</b> DESTEFANO CHRISTINE T  285 Oakland Ave.  Monroe NY 10950  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 231.54	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.83	
<b>Full Name, Mailing Address, and ZIP Code</b> DESTEFANO ROBERT W.  30 Lorella Cir  Richboro PA 18954  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 332.82	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.37	
<b>Full Name, Mailing Address, and ZIP Code</b> DESTEFANO ROBERT W.  30 Lorella Cir  Richboro PA 18954  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 348.29	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.37	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>130 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> DESTEFANO ROBERT W.  30 Loretta Cir  Richboro PA 18954	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.37	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 363.68		
<b>Full Name, Mailing Address, and ZIP Code</b> DEUTSCH NANCY J.  7 Codington Ln  Warren NJ 07059	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> DEUTSCH NANCY J.  7 Codington Ln  Warren NJ 07059	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> DEUTSCH NANCY J.  7 Codington Ln  Warren NJ 07059	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> DEVES TIMOTHY S.  12713 W 120th Terrace  Overland Park KS 66213	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 216.70		
<b>Full Name, Mailing Address, and ZIP Code</b> DEVES TIMOTHY S.  12713 W 120th Terrace  Overland Park KS 66213	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 226.70		
<b>Full Name, Mailing Address, and ZIP Code</b> DEVES TIMOTHY S.  12713 W 120th Terrace  Overland Park KS 66213	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 236.70		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>131 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> DEVINE MICHAEL A.  305 Cardinal Ln  Chesnee SC 29323  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 362.74	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.81	
<b>Full Name, Mailing Address, and ZIP Code</b> DEVINE MICHAEL A.  305 Cardinal Ln  Chesnee SC 29323  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 378.55	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.81	
<b>Full Name, Mailing Address, and ZIP Code</b> DEVINE MICHAEL A.  305 Cardinal Ln  Chesnee SC 29323  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 398.38	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.81	
<b>Full Name, Mailing Address, and ZIP Code</b> DI LELLA LISA A.  33 Buttonwood St  Jersey City NJ 07305  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 198.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DI LELLA LISA A.  33 Buttonwood St  Jersey City NJ 07305  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 210.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DI LELLA LISA A.  33 Buttonwood St  Jersey City NJ 07305  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 224.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DIAL GREGORY CLARK  990 Lambourn Dr  Oak Park CA 91377  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 392.84	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.13	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>132 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> DIAL GREGORY CLARK  990 Lambourn Dr  Oak Park CA 91377  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 410.97	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.13	
<b>Full Name, Mailing Address, and ZIP Code</b> DIAL GREGORY CLARK  990 Lambourn Dr  Oak Park CA 91377  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 429.10	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.13	
<b>Full Name, Mailing Address, and ZIP Code</b> DIMAGGIO JOHN J.  3105 Southwood Dr  Highland Village TX 75077  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 469.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 21.68	
<b>Full Name, Mailing Address, and ZIP Code</b> DIMAGGIO JOHN J.  3105 Southwood Dr  Highland Village TX 75077  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 491.14	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 21.68	
<b>Full Name, Mailing Address, and ZIP Code</b> DIMAGGIO JOHN J.  3105 Southwood Dr  Highland Village TX 75077  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 512.82	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 21.68	
<b>Full Name, Mailing Address, and ZIP Code</b> DIORIO DAVID P.  8 Briar Hill Rd  North Providence RI 02904  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.74	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.83	
<b>Full Name, Mailing Address, and ZIP Code</b> DIORIO DAVID P.  8 Briar Hill Rd  North Providence RI 02904  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.57	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.83	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	133 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> DIORIO DAVID P.  8 Briar Hill Rd  North Providence RI 02904		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 209.40	
<b>Full Name, Mailing Address, and ZIP Code</b> DIORIO MARK V.  26 Hart St  Burlington CT 06013		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.37
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 344.42	
<b>Full Name, Mailing Address, and ZIP Code</b> DIORIO MARK V.  26 Hart St  Burlington CT 06013		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.37
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 360.79	
<b>Full Name, Mailing Address, and ZIP Code</b> DIORIO MARK V.  26 Hart St  Burlington CT 06013		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.37
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 377.16	
<b>Full Name, Mailing Address, and ZIP Code</b> DISBROW JARRETT THOMAS  12 Governor's Hill  Columbia SC 29201		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep - Tas		<b>Aggregate Year-to-Date</b> > \$ 218.56	
<b>Full Name, Mailing Address, and ZIP Code</b> DISBROW JARRETT THOMAS  12 Governor's Hill  Columbia SC 29201		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep - Tas		<b>Aggregate Year-to-Date</b> > \$ 228.71	
<b>Full Name, Mailing Address, and ZIP Code</b> DISBROW JARRETT THOMAS  12 Governor's Hill  Columbia SC 29201		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep - Tas		<b>Aggregate Year-to-Date</b> > \$ 238.86	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>134 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> DISBROW JOSHUA ROBERT  3808 Selwyn Ave  Charlotte NC 28209		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep			
		Aggregate Year-to-Date > \$ 204.30			
<b>Full Name, Mailing Address, and ZIP Code</b> DISBROW JOSHUA ROBERT  3808 Selwyn Ave  Charlotte NC 28209		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep			
		Aggregate Year-to-Date > \$ 213.78			
<b>Full Name, Mailing Address, and ZIP Code</b> DISBROW JOSHUA ROBERT  3808 Selwyn Ave  Charlotte NC 28209		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep			
		Aggregate Year-to-Date > \$ 223.28			
<b>Full Name, Mailing Address, and ZIP Code</b> DISE RITA R.  10431 S Bel Ave  Chicago IL 60643		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager			
		Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> DISE RITA R.  10431 S Bel Ave  Chicago IL 60643		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager			
		Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> DISE RITA R.  10431 S Bel Ave  Chicago IL 60643		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager			
		Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> DITOMMASO ANTHONY P.  138 Lorelei Ct  Southbury CT 06488		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager			
		Aggregate Year-to-Date > \$ 183.48			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>135 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> DITOMMASO ANTHONY P.  138 Lorelei Ct Southbury CT 06488  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> DITOMMASO ANTHONY P.  138 Lorelei Ct Southbury CT 06488  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> DOELL HENRY  4513 Gary Mikel Ave Metairie LA 70002  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 187.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> DOELL HENRY  4513 Gary Mikel Ave Metairie LA 70002  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 195.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> DOELL HENRY  4513 Gary Mikel Ave Metairie LA 70002  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 204.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> DOELL JOHN W.  1412 N Upland Ave Metairie LA 70003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> DOELL JOHN W.  1412 N Upland Ave Metairie LA 70003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>136 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> DOELL JOHN W.  1412 N Upland Ave  Metairie LA 70003	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> DOERING PAUL H.  5201 Sw 164th Ter  Fort Lauderdale FL 33331	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.80
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 215.60		
<b>Full Name, Mailing Address, and ZIP Code</b> DOERING PAUL H.  5201 Sw 164th Ter  Fort Lauderdale FL 33331	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.80
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 225.40		
<b>Full Name, Mailing Address, and ZIP Code</b> DOERING PAUL H.  5201 Sw 164th Ter  Fort Lauderdale FL 33331	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.80
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 235.20		
<b>Full Name, Mailing Address, and ZIP Code</b> DOHERTY ERIC P.  15457 Shadyford Ct  Chesterfield MO 63017	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> DOHERTY ERIC P.  15457 Shadyford Ct  Chesterfield MO 63017	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> DOHERTY ERIC P.  15457 Shadyford Ct  Chesterfield MO 63017	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		

**SUBTOTALS** of Receipts This Page (Optional) .....

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



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>137 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> DOHERTY LUCINDA O.  4345 Blossom Hill Ct  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Assoc. Proj Engr III  Aggregate Year-to-Date > \$ 317.08	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.62	
<b>Full Name, Mailing Address, and ZIP Code</b> DOHERTY LUCINDA O.  4345 Blossom Hill Ct  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Assoc. Proj Engr III  Aggregate Year-to-Date > \$ 331.70	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.62	
<b>Full Name, Mailing Address, and ZIP Code</b> DOHERTY LUCINDA O.  4345 Blossom Hill Ct  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Assoc. Proj Engr III  Aggregate Year-to-Date > \$ 346.32	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.62	
<b>Full Name, Mailing Address, and ZIP Code</b> DOMANN RICHARD J.  103 Swannanoa Cir  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Strategic Ops  Aggregate Year-to-Date > \$ 319.68	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.54	
<b>Full Name, Mailing Address, and ZIP Code</b> DOMANN RICHARD J.  103 Swannanoa Cir  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Strategic Ops  Aggregate Year-to-Date > \$ 334.42	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.54	
<b>Full Name, Mailing Address, and ZIP Code</b> DOMANN RICHARD J.  103 Swannanoa Cir  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Strategic Ops  Aggregate Year-to-Date > \$ 348.96	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.54	
<b>Full Name, Mailing Address, and ZIP Code</b> DOMINGUEZ FRANK N.  6516 Cortesano Ct  El Paso TX 79912  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 217.68	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.05	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>138 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> DOMINGUEZ FRANK N.  6516 Cortesano Ct  El Paso TX 79912  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 227.73	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.05	
<b>Full Name, Mailing Address, and ZIP Code</b> DOMINGUEZ FRANK N.  6516 Cortesano Ct  El Paso TX 79912  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 237.78	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.05	
<b>Full Name, Mailing Address, and ZIP Code</b> DONELSON THOMAS ALAN  2560 Plymouth St  Marion IA 52302  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DONELSON THOMAS ALAN  2560 Plymouth St  Marion IA 52302  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DONELSON THOMAS ALAN  2560 Plymouth St  Marion IA 52302  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DONN KARL H.  3908 Collander Dr  Durham NC 27707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Intl Dir. Discovery Proj Pmg  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DONN KARL H.  3908 Collander Dr  Durham NC 27707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Intl Dir. Discovery Proj Pmg  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>139 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> DONN KARL H.  3808 Colander Dr  Durham NC 27707	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Intl Dir. Discovery Proj Pmg				
<b>Aggregate Year-to-Date</b> > \$ 240.00					
<b>Full Name, Mailing Address, and ZIP Code</b> DORE TOM P.  13334 Savanna  Tustin CA 92782	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.20		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 199.40					
<b>Full Name, Mailing Address, and ZIP Code</b> DORE TOM P.  13334 Savanna  Tustin CA 92782	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.20		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 208.60					
<b>Full Name, Mailing Address, and ZIP Code</b> DORE TOM P.  13334 Savanna  Tustin CA 92782	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.20		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 217.80					
<b>Full Name, Mailing Address, and ZIP Code</b> DOW VICKI L.  343 Serenity Ct Se  Albuquerque NM 87123	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.46		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Onc/Hiv				
<b>Aggregate Year-to-Date</b> > \$ 313.38					
<b>Full Name, Mailing Address, and ZIP Code</b> DOW VICKI L.  343 Serenity Ct Se  Albuquerque NM 87123	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.46		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Onc/Hiv				
<b>Aggregate Year-to-Date</b> > \$ 327.84					
<b>Full Name, Mailing Address, and ZIP Code</b> DOW VICKI L.  343 Serenity Ct Se  Albuquerque NM 87123	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.46		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Onc/Hiv				
<b>Aggregate Year-to-Date</b> > \$ 342.30					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>140 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> DOWD-IVANCHENKO LAUREN  3102 Dixon Ave  Bristol PA 19007  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.00
	Occupation Sr. Executive Sales Rep - Tas	Aggregate Year-to-Date > \$ 158.00	
	<b>Full Name, Mailing Address, and ZIP Code</b> DOWD-IVANCHENKO LAUREN  3102 Dixon Ave  Bristol PA 19007  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.00
Occupation Sr. Executive Sales Rep - Tas		Aggregate Year-to-Date > \$ 207.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DOWD-IVANCHENKO LAUREN  3102 Dixon Ave  Bristol PA 19007  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.00
Occupation Sr. Executive Sales Rep - Tas		Aggregate Year-to-Date > \$ 218.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DOYLE CHARLOTTE B.  18217 Marlin Ave  Homewood IL 60430  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
Occupation Sr. Executive Sales Rep - Tas		Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> DOYLE CHARLOTTE B.  18217 Marlin Ave  Homewood IL 60430  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
Occupation Sr. Executive Sales Rep - Tas		Aggregate Year-to-Date > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> DOYLE CHARLOTTE B.  18217 Marlin Ave  Homewood IL 60430  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Occupation Sr. Executive Sales Rep - Tas		Aggregate Year-to-Date > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> DRAGAN DUANE M.  5824 Raddington St  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.00
Occupation Systems Manager		Aggregate Year-to-Date > \$ 198.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>141 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> DRAGAN DUANE M.  5824 Raddington St  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Systems Manager  Aggregate Year-to-Date > \$ 207.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DRAGAN DUANE M.  5824 Raddington St  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Systems Manager  Aggregate Year-to-Date > \$ 216.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DRAGOLOVICH ELIZABETH K  504 S Oakwood Ave  Geneseo IL 61254  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 268.40	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.36	
<b>Full Name, Mailing Address, and ZIP Code</b> DRAGOLOVICH ELIZABETH K  504 S Oakwood Ave  Geneseo IL 61254  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 279.62	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.22	
<b>Full Name, Mailing Address, and ZIP Code</b> DRAGOLOVICH ELIZABETH K  504 S Oakwood Ave  Geneseo IL 61254  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 292.84	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.22	
<b>Full Name, Mailing Address, and ZIP Code</b> DUBUC MICHAEL J.  6516 Dresden Ln  Raleigh NC 27612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Distrib Ops  Aggregate Year-to-Date > \$ 477.56	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 21.58	
<b>Full Name, Mailing Address, and ZIP Code</b> DUBUC MICHAEL J.  6516 Dresden Ln  Raleigh NC 27612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Distrib Ops  Aggregate Year-to-Date > \$ 499.54	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 21.88	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>142 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> DUBUC MICHAEL J.  6516 Dresden Ln  Raleigh NC 27612	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 21.88
	Occupation Mgr. Distrib Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 521.52		
<b>Full Name, Mailing Address, and ZIP Code</b> DULIN AMY B.  7510a End-O-Trail Road  Greensboro NC 27409	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> DULIN AMY B.  7510a End-O-Trail Road  Greensboro NC 27409	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> DULIN AMY B.  7510a End-O-Trail Road  Greensboro NC 27409	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> DUNCAN GERALDINE M.  10748 Trego Trl  Raleigh NC 27814	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Dir. Hr Communications (r)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> DUNCAN GERALDINE M.  10748 Trego Trl  Raleigh NC 27814	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Dir. Hr Communications (r)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> DUNCAN GERALDINE M.  10748 Trego Trl  Raleigh NC 27814	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Dir. Hr Communications (r)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>143 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> DUNCAN SONIA E.  15 Overlook Ave  Peterson NJ 07504  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 158.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.00
<b>Full Name, Mailing Address, and ZIP Code</b> DUNCAN SONIA E.  15 Overlook Ave  Peterson NJ 07504  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 207.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.00
<b>Full Name, Mailing Address, and ZIP Code</b> DUNCAN SONIA E.  15 Overlook Ave  Peterson NJ 07504  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 218.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.00
<b>Full Name, Mailing Address, and ZIP Code</b> DUNN ROBERT C.  3108 Hilldale Ave Ne  Saint Anthony MN 55418  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 15.00
<b>Full Name, Mailing Address, and ZIP Code</b> DUNN ROBERT C.  3108 Hilldale Ave Ne  Saint Anthony MN 55418  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 345.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 15.00
<b>Full Name, Mailing Address, and ZIP Code</b> DUNN ROBERT C.  3108 Hilldale Ave Ne  Saint Anthony MN 55418  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.00
<b>Full Name, Mailing Address, and ZIP Code</b> DUREN STACY A.  58b Laurens St  Charleston SC 29401  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep - Tas  Aggregate Year-to-Date > \$ 245.98	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.35

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>144 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> DUREN STACY A.  58b Laurens St  Charleston SC 29401	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.35		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 257.33			
<b>Full Name, Mailing Address, and ZIP Code</b> DUREN STACY A.  58b Laurens St  Charleston SC 29401	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.35		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 268.68			
<b>Full Name, Mailing Address, and ZIP Code</b> DYER CYNTHIA C.  26 Cross Brook Cove  Jackson TN 38305	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.89		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 289.44			
<b>Full Name, Mailing Address, and ZIP Code</b> DYER CYNTHIA C.  26 Cross Brook Cove  Jackson TN 38305	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.99		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 303.43			
<b>Full Name, Mailing Address, and ZIP Code</b> DYER CYNTHIA C.  26 Cross Brook Cove  Jackson TN 38305	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.99		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 317.42			
<b>Full Name, Mailing Address, and ZIP Code</b> EARLY BRIAN G.  6220 General Diaz St  New Orleans LA 70124	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.64		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 359.84			
<b>Full Name, Mailing Address, and ZIP Code</b> EARLY BRIAN G.  6220 General Diaz St  New Orleans LA 70124	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.64		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 376.48			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>145 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> EARLY BRIAN G.  6220 General Diaz St  New Orleans LA 70124  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tax  Aggregate Year-to-Date > \$ 393.12	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.64	
<b>Full Name, Mailing Address, and ZIP Code</b> EAST CHRISTOPHER J  5513 Edgebury Rd  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Health Mgmt Mktg Manager  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> EAST CHRISTOPHER J  5513 Edgebury Rd  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Health Mgmt Mktg Manager  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> EAST CHRISTOPHER J  5513 Edgebury Rd  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Health Mgmt Mktg Manager  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> EBBERT KIM L.  6 Intervale Way  Ipswich MA 01938  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 283.44	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.02	
<b>Full Name, Mailing Address, and ZIP Code</b> EBBERT KIM L.  6 Intervale Way  Ipswich MA 01938  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 296.46	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.02	
<b>Full Name, Mailing Address, and ZIP Code</b> EBBERT KIM L.  6 Intervale Way  Ipswich MA 01938  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 309.48	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.02	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>146 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> EBECK NORMAN W.  2425 Huntington Dr  Pittsburgh PA 15241  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> EBECK NORMAN W.  2425 Huntington Dr  Pittsburgh PA 15241  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> EBECK NORMAN W.  2425 Huntington Dr  Pittsburgh PA 15241  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> EBERLE JEFFREY  11 Stamford Ave  Amsterdam NY 12010  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 225.82	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.74	
<b>Full Name, Mailing Address, and ZIP Code</b> EBERLE JEFFREY  11 Stamford Ave  Amsterdam NY 12010  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 236.56	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.74	
<b>Full Name, Mailing Address, and ZIP Code</b> EBERLE JEFFREY  11 Stamford Ave  Amsterdam NY 12010  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 247.30	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.74	
<b>Full Name, Mailing Address, and ZIP Code</b> ECHOLS BARRY B.  211 Cranborne Ln  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Corporate Security  <b>Aggregate Year-to-Date</b> > \$ 187.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>147 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> ECHOLS BARRY S.  211 Cranborne Ln Apex NC 27502	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.50
	Occupation Dir. Corporate Security		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 155.50		
<b>Full Name, Mailing Address, and ZIP Code</b> ECHOLS BARRY S.  211 Cranborne Ln Apex NC 27502	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.50
	Occupation Dir. Corporate Security		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 204.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ECKERT MARY JANE  11824 Mays Chapel Road Timonium MD 21093	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> ECKERT MARY JANE  11924 Mays Chapel Road Timonium MD 21093	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> ECKERT MARY JANE  11924 Mays Chapel Road Timonium MD 21093	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> EDEN DAVID D.  2100 Mediterranean Ave Pmb #34 Virginia Beach VA 23451	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> EDEN DAVID D.  2100 Mediterranean Ave Pmb #34 Virginia Beach VA 23451	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>148 / 631</b>
			FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.			
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> EDEN DAVID D.  2100 Mediterranean Ave Pmb #34  Virginia Beach VA 23451  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> EDLIS STACEY L.  2627 Warren Rd Apt B  Fairlawn NJ 07410  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 205.84	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.55
<b>Full Name, Mailing Address, and ZIP Code</b> EDLIS STACEY L.  2627 Warren Rd Apt B  Fairlawn NJ 07410  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 215.39	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.55
<b>Full Name, Mailing Address, and ZIP Code</b> EDLIS STACEY L.  2627 Warren Rd Apt B  Fairlawn NJ 07410  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 224.94	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.55
<b>Full Name, Mailing Address, and ZIP Code</b> EDMUNDS ANN B.  25 York Dr.  Brentwood MD 63144  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> EDMUNDS ANN B.  25 York Dr.  Brentwood MD 63144  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> EDMUNDS ANN B.  25 York Dr.  Brentwood MD 63144  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>149 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> EDWARDS WILLIAM K.  902 W Cornwallis Dr  Greensboro NC 27408  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Counsel II  <b>Aggregate Year-to-Date</b> > \$ 553.58	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 27.09		
<b>Full Name, Mailing Address, and ZIP Code</b> EDWARDS WILLIAM K.  902 W Cornwallis Dr  Greensboro NC 27408  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Counsel II  <b>Aggregate Year-to-Date</b> > \$ 590.65	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 27.09		
<b>Full Name, Mailing Address, and ZIP Code</b> EDWARDS WILLIAM K.  902 W Cornwallis Dr  Greensboro NC 27408  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Counsel II  <b>Aggregate Year-to-Date</b> > \$ 607.74	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 27.09		
<b>Full Name, Mailing Address, and ZIP Code</b> EGELAND ERIC E.  131 Shelly Marie Cir  Anchorage AK 99515  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> EGELAND ERIC E.  131 Shelly Marie Cir  Anchorage AK 99515  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> EGELAND ERIC E.  131 Shelly Marie Cir  Anchorage AK 99515  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> EICKS MADELINE CHURCH  2700 Barrett Meadows Ct.  St. Louis MO 63021  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>150 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				<b>FOR LINE NUMBER 11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> EICKS MADELINE CHURCH  2700 Barrett Meadows Ct.  St. Louis MO 63021  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 151.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> EICKS MADELINE CHURCH  2700 Barrett Meadows Ct.  St. Louis MO 63021  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ELDER DAVID R.  304 Greyfriars Lane  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Health Mgmt Mktg  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ELDER DAVID R.  304 Greyfriars Lane  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Health Mgmt Mktg  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ELDER DAVID R.  304 Greyfriars Lane  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Health Mgmt Mktg  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ELDER JEFFREY A.  1704 10th Fairway Dr  Belleville IL 62220  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 383.06	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.78	
<b>Full Name, Mailing Address, and ZIP Code</b> ELDER JEFFREY A.  1704 10th Fairway Dr  Belleville IL 62220  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 400.84	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.78	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>151 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ELDER JEFFREY A.  1704 10th Fairway Dr  Belleville IL 62220  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 418.62	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  17.78	
<b>Full Name, Mailing Address, and ZIP Code</b> ELEDGE BRIAN C.  3452 Karges Way  Medford OR 97504  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ELEDGE BRIAN C.  3452 Karges Way  Medford OR 97504  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ELEDGE BRIAN C.  3452 Karges Way  Medford OR 97504  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ELIAS GREGORY A.  1 Linfield Court  Simpsonville SC 29881  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - On/Off  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ELIAS GREGORY A.  1 Linfield Court  Simpsonville SC 29881  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - On/Off  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ELIAS GREGORY A.  1 Linfield Court  Simpsonville SC 29881  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - On/Off  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>152 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> ELIZONDO MARCO A.  12222 Vance Jackson #1418  San Antonio TX 78230  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> ELIZONDO MARCO A.  12222 Vance Jackson #1418  San Antonio TX 78230  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> ELIZONDO MARCO A.  12222 Vance Jackson #1418  San Antonio TX 78230  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> ELLIOTT GEORGE F.  5804 86th St  Lubbock TX 79424  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> ELLIOTT GEORGE F.  5804 86th St  Lubbock TX 79424  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> ELLIOTT GEORGE F.  5804 86th St  Lubbock TX 79424  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> ELSAESSER ROBERT S.  3352 E. Mountain Vista Dr.  Phoenix AZ 85044  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 311.30	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.39		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>153 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> ELSAESSER ROBERT S.  3352 E. Mountain Vista Dr.  Phoenix AZ 85044	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.39
	Occupation Sr. Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 325.69		
<b>Full Name, Mailing Address, and ZIP Code</b> ELSAESSER ROBERT S.  3352 E. Mountain Vista Dr.  Phoenix AZ 85044	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.39
	Occupation Sr. Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 340.08		
<b>Full Name, Mailing Address, and ZIP Code</b> ELSTAD JOHN T.  9780 170th St W  Lakeville MN 55044	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Reg. Mgr. Trade Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ELSTAD JOHN T.  9780 170th St W  Lakeville MN 55044	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Reg. Mgr. Trade Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ELSTAD JOHN T.  9780 170th St W  Lakeville MN 55044	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Reg. Mgr. Trade Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> EMBURY JOHN  10578 W Achillea St  Star ID 83869	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> EMBURY JOHN  10578 W Achillea St  Star ID 83869	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>154 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> EMBURY JOHN  10578 W Achilles St  Star ID 83660 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ENGLE WILLIAM N.  306 King George Loop  Cary NC 27511 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Bus Ops Applications <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ENGLE WILLIAM N.  306 King George Loop  Cary NC 27511 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Bus Ops Applications <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ENGLE WILLIAM N.  306 King George Loop  Cary NC 27511 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Bus Ops Applications <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ENNIS LARRY A.  8468 E Aster Dr  Scottsdale AZ 85260 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Sales Dir <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ENNIS LARRY A.  8468 E Aster Dr  Scottsdale AZ 85260 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Sales Dir <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ENNIS LARRY A.  8468 E Aster Dr  Scottsdale AZ 85260 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Sales Dir <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>155 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> ERICKSON LAURA L.  240 Longhorn Ln  Ojai CA 93023	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ERICKSON LAURA L.  240 Longhorn Ln  Ojai CA 93023	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ERICKSON LAURA L.  240 Longhorn Ln  Ojai CA 93023	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ERSKINE JR. LEONARD  3417 Truett Pl  Avon OH 44011	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> ERSKINE JR. LEONARD  3417 Truett Pl  Avon OH 44011	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> ERSKINE JR. LEONARD  3417 Truett Pl  Avon OH 44011	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> ESGRO GEORGE  5801 Orchid Valley Rd  Raleigh NC 27613	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 25.08
	Occupation Reg. Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 541.28		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>156 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> ESGRO GEORGE  5801 Orchid Valley Rd  Raleigh NC 27613	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 25.08		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Sales Dir				
<b>Aggregate Year-to-Date</b> > \$ 598.34					
<b>Full Name, Mailing Address, and ZIP Code</b> ESGRO GEORGE  5801 Orchid Valley Rd  Raleigh NC 27613	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 25.08		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Sales Dir				
<b>Aggregate Year-to-Date</b> > \$ 591.42					
<b>Full Name, Mailing Address, and ZIP Code</b> ESGRO LOUIS  158 Lions Ct  Lake Zurich IL 60047	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Sales Dir				
<b>Aggregate Year-to-Date</b> > \$ 183.48					
<b>Full Name, Mailing Address, and ZIP Code</b> ESGRO LOUIS  158 Lions Ct  Lake Zurich IL 60047	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Sales Dir				
<b>Aggregate Year-to-Date</b> > \$ 191.82					
<b>Full Name, Mailing Address, and ZIP Code</b> ESGRO LOUIS  158 Lions Ct  Lake Zurich IL 60047	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Sales Dir				
<b>Aggregate Year-to-Date</b> > \$ 200.16					
<b>Full Name, Mailing Address, and ZIP Code</b> ESTOPINAL CHRISTOPHER WALL  161 Richland Dr S  Mandeville LA 70448	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.84		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst				
<b>Aggregate Year-to-Date</b> > \$ 267.44					
<b>Full Name, Mailing Address, and ZIP Code</b> ESTOPINAL CHRISTOPHER WALL  161 Richland Dr S  Mandeville LA 70448	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.84		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst				
<b>Aggregate Year-to-Date</b> > \$ 282.28					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>157 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> ESTOPINAL CHRISTOPHER WALL  161 Richland Dr S  Mandeville LA 70448	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.84
	Occupation Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 297.12		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> EVANS ALFRED LEON  605 Foxgate Rd  Louisville KY 40223	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
	Aggregate Year-to-Date > \$ 183.48		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> EVANS ALFRED LEON  605 Foxgate Rd  Louisville KY 40223	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
	Aggregate Year-to-Date > \$ 191.82		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> EVANS ALFRED LEON  605 Foxgate Rd  Louisville KY 40223	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
	Aggregate Year-to-Date > \$ 200.16		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> EVANS BRUCE L.  8133 E. Theresa Dr.  Scottsdale AZ 85255	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 183.48		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> EVANS BRUCE L.  8133 E. Theresa Dr.  Scottsdale AZ 85255	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 191.82		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> EVANS BRUCE L.  8133 E. Theresa Dr.  Scottsdale AZ 85255	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 200.16		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>158 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> EVANS DOUGLAS D.  17528 V St  Omaha NE 68135	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.58
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.14			
<b>Full Name, Mailing Address, and ZIP Code</b> EVANS DOUGLAS D.  17528 V St  Omaha NE 68135	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.58
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 261.72			
<b>Full Name, Mailing Address, and ZIP Code</b> EVANS DOUGLAS D.  17528 V St  Omaha NE 68135	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.58
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 273.30			
<b>Full Name, Mailing Address, and ZIP Code</b> EVENS MARIBETH  4713 234th St Ne  Arlington WA 98223	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 25.00
	Occupation District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 550.00			
<b>Full Name, Mailing Address, and ZIP Code</b> EVENS MARIBETH  4713 234th St Ne  Arlington WA 98223	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 25.00
	Occupation District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 575.00			
<b>Full Name, Mailing Address, and ZIP Code</b> EVENS MARIBETH  4713 234th St Ne  Arlington WA 98223	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 25.00
	Occupation District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 600.00			
<b>Full Name, Mailing Address, and ZIP Code</b> EWAN KENNETH M.  10600 Some Ct  Raleigh NC 27613	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.50
	Occupation Dir. Engineering		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 187.00			

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>159 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> EWAN KENNETH M.  10600 Soma Ct  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Engineering  <b>Aggregate Year-to-Date</b> > \$ 156.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> EWAN KENNETH M.  10600 Soma Ct  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Engineering  <b>Aggregate Year-to-Date</b> > \$ 204.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> FACKLER PHILIP A.  1504 Polo Fields Ct  Louisville KY 40245  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 330.38	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.23	
<b>Full Name, Mailing Address, and ZIP Code</b> FACKLER PHILIP A.  1504 Polo Fields Ct  Louisville KY 40245  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 345.61	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.23	
<b>Full Name, Mailing Address, and ZIP Code</b> FACKLER PHILIP A.  1504 Polo Fields Ct  Louisville KY 40245  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 360.84	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.23	
<b>Full Name, Mailing Address, and ZIP Code</b> FAIRMAN DENNIS P.  115 Southwick Ct  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Sfa Quality Assurance  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FAIRMAN DENNIS P.  118 Southwick Ct  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Sfa Quality Assurance  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>160 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> FAIRMAN DENNIS P.  118 Southwick Ct  Cary NC 27513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Sfa Quality Assurance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> FALCON KERRY M.  101 Gingergate Dr  Apex NC 27502	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 21.44
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 458.80		
<b>Full Name, Mailing Address, and ZIP Code</b> FALCON KERRY M.  101 Gingergate Dr  Apex NC 27502	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 21.44
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 481.34		
<b>Full Name, Mailing Address, and ZIP Code</b> FALCON KERRY M.  101 Gingergate Dr  Apex NC 27502	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 21.44
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 502.78		
<b>Full Name, Mailing Address, and ZIP Code</b> FALES DONALD E.  5507 E Justine Rd  Scottsdale AZ 85254	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Regional Corp Health Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 253.43		
<b>Full Name, Mailing Address, and ZIP Code</b> FALES DONALD E.  5507 E Justine Rd  Scottsdale AZ 85254	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Regional Corp Health Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 261.77		
<b>Full Name, Mailing Address, and ZIP Code</b> FALES DONALD E.  5507 E Justine Rd  Scottsdale AZ 85254	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Regional Corp Health Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 270.11		

**SUBTOTALS** of Receipts This Page (Optional) .....

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



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>161 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> FALOON STEPHEN J.  18 Lopez Key  Bellevue WA 98006	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FALOON STEPHEN J.  18 Lopez Key  Bellevue WA 98006	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FALOON STEPHEN J.  18 Lopez Key  Bellevue WA 98006	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FARIN RUSK CATHERINE A.  6834 Moon Light Cir  Sun Prairie WI 53590	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.74
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 363.72		
<b>Full Name, Mailing Address, and ZIP Code</b> FARIN RUSK CATHERINE A.  6834 Moon Light Cir  Sun Prairie WI 53590	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.74
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 380.46		
<b>Full Name, Mailing Address, and ZIP Code</b> FARIN RUSK CATHERINE A.  6834 Moon Light Cir  Sun Prairie WI 53590	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.74
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 397.20		
<b>Full Name, Mailing Address, and ZIP Code</b> FARUQ M USMAN  2731 Derbyshire Ave.  Lakeland FL 33803	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.79
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 278.58		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>162 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> FARUQ M USMAN  2731 Derbyshire Ave.  Lakeland FL 33803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  12.79
	Occupation Executive Sales Rep	Aggregate Year-to-Date $\gg$ \$ 289.37	
	<b>Full Name, Mailing Address, and ZIP Code</b> FARUQ M USMAN  2731 Derbyshire Ave.  Lakeland FL 33803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  12.79
Occupation Executive Sales Rep		Aggregate Year-to-Date $\gg$ \$ 302.16	
<b>Full Name, Mailing Address, and ZIP Code</b> FARUQ M USMAN  2731 Derbyshire Ave.  Lakeland FL 33803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  10.00
Occupation Dir. Trade Svcs		Aggregate Year-to-Date $\gg$ \$ 220.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FAUL ANNE M.  3425 Horseshoe Bnd  Raleigh NC 27613 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  10.00
Occupation Dir. Trade Svcs		Aggregate Year-to-Date $\gg$ \$ 230.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FAUL ANNE M.  3425 Horseshoe Bnd  Raleigh NC 27613 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  10.00
Occupation Dir. Trade Svcs		Aggregate Year-to-Date $\gg$ \$ 240.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FAUL ANNE M.  3425 Horseshoe Bnd  Raleigh NC 27613 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  21.54
Occupation Sr. Account Manager		Aggregate Year-to-Date $\gg$ \$ 474.58	
<b>Full Name, Mailing Address, and ZIP Code</b> FEDELL JERRY A.  9721 Valley View Rd  Pittsburgh PA 15237 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  21.84
Occupation Sr. Account Manager		Aggregate Year-to-Date $\gg$ \$ 496.52	
<b>Full Name, Mailing Address, and ZIP Code</b> FEDELL JERRY A.  9721 Valley View Rd  Pittsburgh PA 15237 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>163 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> FEDELL JERRY A.  9721 Valley View Rd  Pittsburgh PA 15237	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  21.84	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Account Manager	<b>Aggregate Year-to-Date</b> > \$ 518.48		
<b>Full Name, Mailing Address, and ZIP Code</b> FEELEY ROBYN E.  24 Douglas Dr  Mansfield MA 02048	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> FEELEY ROBYN E.  24 Douglas Dr  Mansfield MA 02048	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> FEELEY ROBYN E.  24 Douglas Dr  Mansfield MA 02048	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> FEINBERG RENEE MICHELLE  9 Ridge Way  Farwood NJ 07023	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> FEINBERG RENEE MICHELLE  9 Ridge Way  Farwood NJ 07023	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> FEINBERG RENEE MICHELLE  9 Ridge Way  Farwood NJ 07023	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	164 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> FELIX PAMELA A  Five Moore Drive  Res. Triangle Park NC 27709		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> EXECUTIVE		<b>Aggregate Year-to-Date</b> > \$ 1200.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FELIX PAMELA A  Five Moore Drive  Res. Triangle Park NC 27709		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> EXECUTIVE		<b>Aggregate Year-to-Date</b> > \$ 1400.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FELIX PAMELA A  Five Moore Drive  Res. Triangle Park NC 27709		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> EXECUTIVE		<b>Aggregate Year-to-Date</b> > \$ 1800.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FENSTERMAKER BILL CHARLES  43 Katy Hatch Rd  Falmouth MA 02540		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 21.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 462.66	
<b>Full Name, Mailing Address, and ZIP Code</b> FENSTERMAKER BILL CHARLES  43 Katy Hatch Rd  Falmouth MA 02540		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 21.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 483.99	
<b>Full Name, Mailing Address, and ZIP Code</b> FENSTERMAKER BILL CHARLES  43 Katy Hatch Rd  Falmouth MA 02540		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 21.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 505.32	
<b>Full Name, Mailing Address, and ZIP Code</b> FERGUSON KERRY A  5024 Bloomington Ave S  Minneapolis MN 55417		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 183.48	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>165 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> FERGUSON KERRY A  5024 Bloomington Ave S  Minneapolis MN 55417  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FERGUSON KERRY A  5024 Bloomington Ave S  Minneapolis MN 55417  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FERRER JOSEPH J.  123 W Laurelhurst Circle  The Woodlands TX 77382  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 367.72	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.17	
<b>Full Name, Mailing Address, and ZIP Code</b> FERRER JOSEPH J.  123 W Laurelhurst Circle  The Woodlands TX 77382  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 394.69	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.17	
<b>Full Name, Mailing Address, and ZIP Code</b> FERRER JOSEPH J.  123 W Laurelhurst Circle  The Woodlands TX 77382  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 402.06	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.17	
<b>Full Name, Mailing Address, and ZIP Code</b> FETHERSTON STACY ELIZABETH  809 East Ravine Lane  Bayside WI 53217  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 274.80	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.66	
<b>Full Name, Mailing Address, and ZIP Code</b> FETHERSTON STACY ELIZABETH  808 East Ravine Lane  Bayside WI 53217  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 287.48	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.66	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	166 / 631
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> FETHERSTON STACY ELIZABETH  808 East Ravine Lane  Bayside WI 53217		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Executive Sales Rep			
		Aggregate Year-to-Date > \$ 300.12			
<b>Full Name, Mailing Address, and ZIP Code</b> FILLINGHAM R. BRIAN  7481 West Cutler Rd  Dewitt MI 48820		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Regional Corp Health Mgr			
		Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> FILLINGHAM R. BRIAN  7481 West Cutler Rd  Dewitt MI 48820		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Regional Corp Health Mgr			
		Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> FILLINGHAM R. BRIAN  7481 West Cutler Rd  Dewitt MI 48820		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Regional Corp Health Mgr			
		Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> FINN MICHAEL F.  3 Vista Ct  Jericho VT 05465		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep - Inst			
		Aggregate Year-to-Date > \$ 201.42			
<b>Full Name, Mailing Address, and ZIP Code</b> FINN MICHAEL F.  3 Vista Ct  Jericho VT 05465		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep - Inst			
		Aggregate Year-to-Date > \$ 210.96			
<b>Full Name, Mailing Address, and ZIP Code</b> FINN MICHAEL F.  3 Vista Ct  Jericho VT 05465		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep - Inst			
		Aggregate Year-to-Date > \$ 220.50			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>167 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> FITZGERALD CRAIG Q.  108 Carpathian Way  Raleigh NC 27615	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  79.42	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Comm Liaison Exec to Genetics	<b>Aggregate Year-to-Date</b> > \$ 548.02		
<b>Full Name, Mailing Address, and ZIP Code</b> FITZPATRICK JACQUELINE T.  3754 Windwood Dr Ne  Rockford MI 49341	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FITZPATRICK JACQUELINE T.  3754 Windwood Dr Ne  Rockford MI 49341	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FITZPATRICK JACQUELINE T.  3754 Windwood Dr Ne  Rockford MI 49341	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FLETCHER ROBIN C.  87 Wildwood Trl  Petal MS 39465	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> FLETCHER ROBIN C.  87 Wildwood Trl  Petal MS 39465	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> FLETCHER ROBIN C.  87 Wildwood Trl  Petal MS 39465	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>168 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> FLOWERS ALEC P.  2120 Hamrick Dr  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sec. Hd Production Eng  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FLOWERS ALEC P.  2120 Hamrick Dr  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sec. Hd Production Eng  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FLOWERS ALEC P.  2120 Hamrick Dr  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sec. Hd Production Eng  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FLUEGGE MARK A.  51939 Gentian Ln  Granger IN 46530  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 197.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> FLUEGGE MARK A.  51939 Gentian Ln  Granger IN 46530  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 195.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> FLUEGGE MARK A.  51539 Gentian Ln  Granger IN 46530  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 204.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> FLYNN DONALD W.  892 Amberstone Dr  San Antonio TX 78256  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>169 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> FLYNN DONALD W.  892 Amberstone Dr  San Antonio TX 78258  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FLYNN DONALD W.  892 Amberstone Dr  San Antonio TX 78258  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FOEHRENBACHER HENRY R.  6473 36th Ave Se  Saint Cloud MN 56304  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Account Mgr.  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FOEHRENBACHER HENRY R.  6473 36th Ave Se  Saint Cloud MN 56304  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Account Mgr.  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FOEHRENBACHER HENRY R.  6473 36th Ave Se  Saint Cloud MN 56304  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Account Mgr.  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FOEHRENBACHER THOMAS D.  990 105th St Nw  Rice MN 56367  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FOEHRENBACHER THOMAS D.  990 105th St Nw  Rice MN 56367  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>170 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> FOEHRENBACHER THOMAS D.  990 105th St NW  Rice MN 56367  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FONTE RICHARD J.  615 Winfield St  Bridgeville PA 15017  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FONTE RICHARD J.  615 Winfield St  Bridgeville PA 15017  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FONTE RICHARD J.  615 Winfield St  Bridgeville PA 15017  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FONTENELLE KATHY F  915 Joans St  Mandeville LA 70448  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FONTENELLE KATHY F  915 Joans St  Mandeville LA 70448  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FONTENELLE KATHY F  915 Joans St  Mandeville LA 70448  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>171 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> FORREST JOHN S.  2114 53rd Street West  Minneapolis MN 55419	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 23.52
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 507.84		
<b>Full Name, Mailing Address, and ZIP Code</b> FORREST JOHN S.  2114 53rd Street West  Minneapolis MN 55419	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 23.52
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 531.36		
<b>Full Name, Mailing Address, and ZIP Code</b> FORREST JOHN S.  2114 53rd Street West  Minneapolis MN 55419	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 23.52
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 554.88		
<b>Full Name, Mailing Address, and ZIP Code</b> FORTNER BETH E.  153 Cartright St.  Daniel Island SC 29492	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> FORTNER BETH E.  153 Cartright St.  Daniel Island SC 29492	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> FORTNER BETH E.  153 Cartright St.  Daniel Island SC 29492	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> FOSBURY DAVID H  6557 Wakefalls Drive  Wake Forest NC 27587	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Product Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>172 / 631</b>	
Use separate schedule(s) for each category of the Detailed Summary Page				<b>FOR LINE NUMBER 11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> FOSBURY DAVID H  6557 Wakefalls Drive  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Product Mgr.  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FOSBURY DAVID H  6557 Wakefalls Drive  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Product Mgr.  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FOSTER MARGARET K.  410 McLaughlin Rd  Yakima WA 98908  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 302.38	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.87		
<b>Full Name, Mailing Address, and ZIP Code</b> FOSTER MARGARET K.  410 McLaughlin Rd  Yakima WA 98908  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 316.33	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.97		
<b>Full Name, Mailing Address, and ZIP Code</b> FOSTER MARGARET K.  410 McLaughlin Rd  Yakima WA 98908  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 330.30	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.97		
<b>Full Name, Mailing Address, and ZIP Code</b> FOWLER MICHAEL T.  306 Gentlewoods Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> FOWLER MICHAEL T.  306 Gentlewoods Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>173 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> FOWLER MICHAEL T.  306 Gentewoods Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FOX STEVEN W.  407 Victor Hugo Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Dir. Mhc  <b>Aggregate Year-to-Date</b> > \$ 623.14	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 28.75	
<b>Full Name, Mailing Address, and ZIP Code</b> FOX STEVEN W.  407 Victor Hugo Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Dir. Mhc  <b>Aggregate Year-to-Date</b> > \$ 851.89	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 28.75	
<b>Full Name, Mailing Address, and ZIP Code</b> FOX STEVEN W.  407 Victor Hugo Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Dir. Mhc  <b>Aggregate Year-to-Date</b> > \$ 690.64	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 28.75	
<b>Full Name, Mailing Address, and ZIP Code</b> FOY JOHN K.  2841 Vista Mariana  Carlsbad CA 92009  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FOY JOHN K.  2841 Vista Mariana  Carlsbad CA 92009  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FOY JOHN K.  2841 Vista Mariana  Carlsbad CA 92009  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>174 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> FOYE DAVID  101 Marvista Court  Cary NC 27511	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc VIII				
<b>Aggregate Year-to-Date</b> > \$ 183.48					
<b>Full Name, Mailing Address, and ZIP Code</b> FOYE DAVID  101 Marvista Court  Cary NC 27511	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc VIII				
<b>Aggregate Year-to-Date</b> > \$ 191.82					
<b>Full Name, Mailing Address, and ZIP Code</b> FOYE DAVID  101 Marvista Court  Cary NC 27511	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc VIII				
<b>Aggregate Year-to-Date</b> > \$ 200.18					
<b>Full Name, Mailing Address, and ZIP Code</b> FRAILEY JR DONALD R.  1454 Scott-Troy Rd  Lebanon IL 62254	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.40		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Regional Medical Scientist				
<b>Aggregate Year-to-Date</b> > \$ 374.64					
<b>Full Name, Mailing Address, and ZIP Code</b> FRAILEY JR DONALD R.  1454 Scott-Troy Rd  Lebanon IL 62254	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.40		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Regional Medical Scientist				
<b>Aggregate Year-to-Date</b> > \$ 392.04					
<b>Full Name, Mailing Address, and ZIP Code</b> FRAILEY JR DONALD R.  1454 Scott-Troy Rd  Lebanon IL 62254	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.40		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Regional Medical Scientist				
<b>Aggregate Year-to-Date</b> > \$ 409.44					
<b>Full Name, Mailing Address, and ZIP Code</b> FRALIN BOBBY  25522 Chilmark Dr  South Riding VA 20152	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.30		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager				
<b>Aggregate Year-to-Date</b> > \$ 395.22					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>175 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> FRALIN BOBBY  25522 Chlmark Dr  South Riding VA 20152  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 413.52	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 18.30
<b>Full Name, Mailing Address, and ZIP Code</b> FRALIN BOBBY  25522 Chlmark Dr  South Riding VA 20152  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 431.82	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 18.30
<b>Full Name, Mailing Address, and ZIP Code</b> FRANCIS CORDIA GOTIER  6018 Craigie Rd  New Orleans LA 70126  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> FRANCIS CORDIA GOTIER  6018 Craigie Rd  New Orleans LA 70126  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> FRANCIS CORDIA GOTIER  6018 Craigie Rd  New Orleans LA 70126  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> FRASSO CHARLES J.  128 Brook Run  Hockessin DE 19707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> FRASSO CHARLES J.  128 Brook Run  Hockessin DE 19707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>176 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> FRASSO CHARLES J.  12B Brook Run  Hockessin DE 19707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FREEMAN TIMOTHY S.  901 Tamara Cir  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Financial User Project Mgr.  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FREEMAN TIMOTHY S.  901 Tamara Cir  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Financial User Project Mgr.  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FREEMAN TIMOTHY S.  901 Tamara Cir  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Financial User Project Mgr.  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FREIBAUM BETTY N.  154 Pinetown Rd  Leola PA 17540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 190.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FREIBAUM BETTY N.  154 Pinetown Rd  Leola PA 17540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FREIBAUM BETTY N.  154 Pinetown Rd  Leola PA 17540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 210.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>177 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> FREY KATHLEEN L.  180 Woodrow St  Athens GA 30605	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.38
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 202.88		
<b>Full Name, Mailing Address, and ZIP Code</b> FREY KATHLEEN L.  180 Woodrow St  Athens GA 30605	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.38
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 212.26		
<b>Full Name, Mailing Address, and ZIP Code</b> FREY KATHLEEN L.  180 Woodrow St  Athens GA 30605	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.38
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 221.64		
<b>Full Name, Mailing Address, and ZIP Code</b> FRITZ DEBORAH L.  402 Livingstone Drive  Cary NC 27513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Dir. Health Economic Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FRITZ DEBORAH L.  402 Livingstone Drive  Cary NC 27513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Dir. Health Economic Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FRITZ DEBORAH L.  402 Livingstone Drive  Cary NC 27513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Dir. Health Economic Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> FRYE PATRICIA A.  12820 Mastin St  Overland Park KS 66213	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>178 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> FRYE PATRICIA A.  12820 Mastin St  Overland Park KS 66213  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FRYE PATRICIA A.  12820 Mastin St  Overland Park KS 66213  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FULLER TODD H.  4025 Oregon Trail  Martinez GA 30907  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FULLER TODD H.  4025 Oregon Trail  Martinez GA 30907  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> FULLER TODD H.  4025 Oregon Trail  Martinez GA 30907  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GALLAGHER EDWARD J.  305 Svans Mill Xing  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Grp. Dir Pricing & Mkt Econ  <b>Aggregate Year-to-Date</b> > \$ 704.40	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 32.40	
<b>Full Name, Mailing Address, and ZIP Code</b> GALLAGHER EDWARD J.  305 Svans Mill Xing  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Grp. Dir Pricing & Mkt Econ  <b>Aggregate Year-to-Date</b> > \$ 736.80	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 32.40	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>179 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GALLAGHER EDWARD J.  305 Swans Mill Xing  Raleigh NC 27614	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 32.40
	Occupation Grp. Dir Pricing & Mkt Econ		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 789.20		
<b>Full Name, Mailing Address, and ZIP Code</b> GALLIMORE W. M.  125 Elsworth Pl  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> GALLIMORE W. M.  125 Elsworth Pl  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> GALLIMORE W. M.  125 Elsworth Pl  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> GALLO SONDRRA  14 Henry Ct  Wilmington DE 19808	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.57
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 206.76		
<b>Full Name, Mailing Address, and ZIP Code</b> GALLO SONDRRA  14 Henry Ct  Wilmington DE 19808	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.57
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 216.33		
<b>Full Name, Mailing Address, and ZIP Code</b> GALLO SONDRRA  14 Henry Ct  Wilmington DE 19808	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.57
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 225.90		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>180 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GALLUCCI LEIGH ANN M.  113 Lochinvar Ct  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc VIII  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> GALLUCCI LEIGH ANN M.  113 Lochinvar Ct  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc VIII  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> GALLUCCI LEIGH ANN M.  113 Lochinvar Ct  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc VIII  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> GAMBER JAMES F.  740 Turnbery Dr  St Clair MI 48079  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 354.20	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.37
<b>Full Name, Mailing Address, and ZIP Code</b> GAMBER JAMES F.  740 Turnbery Dr  St Clair MI 48079  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 370.57	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.37
<b>Full Name, Mailing Address, and ZIP Code</b> GAMBER JAMES F.  740 Turnbery Dr  St Clair MI 48079  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 386.94	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.37
<b>Full Name, Mailing Address, and ZIP Code</b> GARCIA CECILIA J.  9811-B Gable Ridge Rd  Rockville MD 20850  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>181 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GARCIA CECILIA J.  9811-B Gable Ridge Rd  Rockville MD 20850  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GARCIA CECILIA J.  9811-B Gable Ridge Rd  Rockville MD 20850  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GARDNER WILLIAM J.  100 Round Bay Rd.  Severna Park MD 21146  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - One/Hiv  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GARDNER WILLIAM J.  100 Round Bay Rd.  Severna Park MD 21146  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - One/Hiv  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GARDNER WILLIAM J.  100 Round Bay Rd.  Severna Park MD 21146  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - One/Hiv  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GARRETT DONALD J.  8279 Lamor Rd  Mercer PA 16137  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 328.02	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.15	
<b>Full Name, Mailing Address, and ZIP Code</b> GARRETT DONALD J.  8279 Lamor Rd  Mercer PA 16137  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 343.17	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.15	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>182 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GARRETT DONALD J.  8279 Larmor Rd  Mercer PA 16137	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.15
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 358.32		
<b>Full Name, Mailing Address, and ZIP Code</b> GATLIN ALFRED R.  2334 Westminster Ter  Oviedo FL 32765	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> GATLIN ALFRED R.  2334 Westminster Ter  Oviedo FL 32765	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> GATLIN ALFRED R.  2334 Westminster Ter  Oviedo FL 32765	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> GAUZENS JOSEPH E.  12412 N 75th Pl  Scottsdale AZ 85260	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 20.32
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 440.20		
<b>Full Name, Mailing Address, and ZIP Code</b> GAUZENS JOSEPH E.  12412 N 75th Pl  Scottsdale AZ 85260	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 20.32
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 460.52		
<b>Full Name, Mailing Address, and ZIP Code</b> GAUZENS JOSEPH E.  12412 N 75th Pl  Scottsdale AZ 85260	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 20.32
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 480.84		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>183 / 631</b> Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> GEER ROBERT A.  408 Lakeview Dr.  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Production/Process  <b>Aggregate Year-to-Date</b> > \$ 403.70		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 18.35	
<b>Full Name, Mailing Address, and ZIP Code</b> GEER ROBERT A.  408 Lakeview Dr.  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Production/Process  <b>Aggregate Year-to-Date</b> > \$ 422.05		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 18.35	
<b>Full Name, Mailing Address, and ZIP Code</b> GEER ROBERT A.  408 Lakeview Dr.  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Production/Process  <b>Aggregate Year-to-Date</b> > \$ 440.40		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 18.35	
<b>Full Name, Mailing Address, and ZIP Code</b> GENTRY MICHAEL J.  728 Conti Dr  Evansville IN 47711  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GENTRY MICHAEL J.  728 Conti Dr  Evansville IN 47711  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GENTRY MICHAEL J.  728 Conti Dr  Evansville IN 47711  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GEORGE CHARLES E.  12430 N. Lk. Carmel Dr.  New Orleans LA 70128  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>184 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GEORGE CHARLES E.  12430 N. Lk. Carmel Dr.  New Orleans LA 70128	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 151.82		
<b>Full Name, Mailing Address, and ZIP Code</b> GEORGE CHARLES E.  12430 N. Lk. Carmel Dr.  New Orleans LA 70128	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> GEORGE SAJI  12474 Ruxton Green Ln  Jacksonville FL 32246	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> GEORGE SAJI  12474 Ruxton Green Ln  Jacksonville FL 32246	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> GEORGE SAJI  12474 Ruxton Green Ln  Jacksonville FL 32246	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> GEORGESON JAMES L.  2000 Sterling Silver Dr  Apex NC 27502	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.35
	Occupation Sr. Mgr. Territory Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.70		
<b>Full Name, Mailing Address, and ZIP Code</b> GEORGESON JAMES L.  2000 Sterling Silver Dr  Apex NC 27502	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.35
	Occupation Sr. Mgr. Territory Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 192.05		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	185 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> GEORGESON JAMES L.  2000 Stirling Silver Dr  Apex NC 27502		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.35
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Mgr. Territory Ops		<b>Aggregate Year-to-Date</b> > \$ 200.40	
<b>Full Name, Mailing Address, and ZIP Code</b> GESTO SUSAN M.  315 W Buena Vista Dr  Tempe AZ 85284		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> GESTO SUSAN M.  315 W Buena Vista Dr  Tempe AZ 85284		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> GESTO SUSAN M.  315 W Buena Vista Dr  Tempe AZ 85284		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> GETZ EILEEN P.  761 Hawthorne Ct  Bloomfield Hills MI 48304		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.43
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 255.48	
<b>Full Name, Mailing Address, and ZIP Code</b> GETZ EILEEN P.  761 Hawthorne Ct  Bloomfield Hills MI 48304		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 266.28	
<b>Full Name, Mailing Address, and ZIP Code</b> GETZ EILEEN P.  761 Hawthorne Ct  Bloomfield Hills MI 48304		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 278.16	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>186 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GIANNI WENDY L.  11124 Eton Ave  Chatsworth CA 91311	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> GIANNI WENDY L.  11124 Eton Ave  Chatsworth CA 91311	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 230.00			
<b>Full Name, Mailing Address, and ZIP Code</b> GIANNI WENDY L.  11124 Eton Ave  Chatsworth CA 91311	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> GIBSON CHARLES LOUIS  424 Georgetown Cir  Valdosta GA 31602	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> GIBSON CHARLES LOUIS  424 Georgetown Cir  Valdosta GA 31802	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> GIBSON CHARLES LOUIS  424 Georgetown Cir  Valdosta GA 31802	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> GILDER DARIEL KEITH  840 Erickson Ln.  Foster City CA 94404	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 183.48			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>187 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GILDER DARIEL KEITH  840 Erickson Ln.  Foster City CA 94404  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GILDER DARIEL KEITH  840 Erickson Ln.  Foster City CA 94404  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GILL PATRICK J.  1383 Sweetgum Cr  Keller TX 76248  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 198.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GILL PATRICK J.  1383 Sweetgum Cr  Keller TX 76248  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 207.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GILL PATRICK J.  1383 Sweetgum Cr  Keller TX 76248  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 216.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GILLIKIN CLAUDE E.  2109 Osprey Cir  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. State Govt Affairs  <b>Aggregate Year-to-Date</b> > \$ 516.16	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 23.92	
<b>Full Name, Mailing Address, and ZIP Code</b> GILLIKIN CLAUDE E.  2109 Osprey Cir  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. State Govt Affairs  <b>Aggregate Year-to-Date</b> > \$ 540.08	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 23.82	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>188 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GILLIKIN CLAUDE E.  2109 Osprey Cir Raleigh NC 27615	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 23.82
	Occupation Sr. Mgr. State Govt Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 564.00		
<b>Full Name, Mailing Address, and ZIP Code</b> GILMAN DANIEL  67 Fletcher Lake Dr. Ocean Grove NJ 07756	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.25
	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 180.00		
<b>Full Name, Mailing Address, and ZIP Code</b> GILMAN DANIEL  87 Fletcher Lake Dr. Ocean Grove NJ 07756	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.25
	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.25		
<b>Full Name, Mailing Address, and ZIP Code</b> GILMAN DANIEL  87 Fletcher Lake Dr. Ocean Grove NJ 07756	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.25
	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 202.50		
<b>Full Name, Mailing Address, and ZIP Code</b> GILMORE ELIZABETH M.  2063 Pieris Ct Vienna VA 22182	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> GILMORE ELIZABETH M.  2063 Pieris Ct Vienna VA 22182	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> GILMORE ELIZABETH M.  2063 Pieris Ct Vienna VA 22182	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>189 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GINSLER THOMAS A.  8412 Summerspring Ln  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Info Systems  <b>Aggregate Year-to-Date</b> > \$ 610.90	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  51.43	
<b>Full Name, Mailing Address, and ZIP Code</b> GIORDANO KAREN M.  47 Ives Farm Road  Brewster NY 10509  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 188.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GIORDANO KAREN M.  47 Ives Farm Road  Brewster NY 10509  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 207.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GIORDANO KAREN M.  47 Ives Farm Road  Brewster NY 10509  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 216.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GIOVANNIELLO DEAN  301 Modena Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Marketing  <b>Aggregate Year-to-Date</b> > \$ 625.94	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  28.97	
<b>Full Name, Mailing Address, and ZIP Code</b> GIOVANNIELLO DEAN  301 Modena Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Marketing  <b>Aggregate Year-to-Date</b> > \$ 654.91	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  28.97	
<b>Full Name, Mailing Address, and ZIP Code</b> GIOVANNIELLO DEAN  301 Modena Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Marketing  <b>Aggregate Year-to-Date</b> > \$ 683.88	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  28.87	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>190 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GLASS JOHN W.  1024 Beargades Ln  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Dir. Planning & Warehouse Ops	Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> GLASS JOHN W.  1024 Beargades Ln  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Dir. Planning & Warehouse Ops	Aggregate Year-to-Date > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> GLASS JOHN W.  1024 Beargades Ln  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Dir. Planning & Warehouse Ops	Aggregate Year-to-Date > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> GLASSER MARK A.  6515 Grove Creek Dr  San Antonio TX 78256  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> GLASSER MARK A.  6515 Grove Creek Dr  San Antonio TX 78256  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> GLASSER MARK A.  6515 Grove Creek Dr  San Antonio TX 78256  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> GLEN KELLEY EVANS  6524 Park Rd  Charlotte NC 28210  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sales Rep	Aggregate Year-to-Date > \$ 183.48	

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>191 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GLEN KELLEY EVANS  6524 Park Rd  Charlotte NC 28210  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales Rep  Aggregate Year-to-Date > \$ 151.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GLEN KELLEY EVANS  6524 Park Rd  Charlotte NC 28210  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales Rep  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GLOVER BRADLEY S.  4716 Wedgewood Dr  Raleigh NC 27612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc IV  Aggregate Year-to-Date > \$ 348.09	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.66	
<b>Full Name, Mailing Address, and ZIP Code</b> GLOVER BRADLEY S.  4716 Wedgewood Dr  Raleigh NC 27612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc IV  Aggregate Year-to-Date > \$ 364.75	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.66	
<b>Full Name, Mailing Address, and ZIP Code</b> GLOVER BRADLEY S.  4716 Wedgewood Dr  Raleigh NC 27612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc IV  Aggregate Year-to-Date > \$ 381.41	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.66	
<b>Full Name, Mailing Address, and ZIP Code</b> GLOYD MICHAEL A.  3132 W Ironwood Cir  Chandler AZ 85226  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Mgr. National Accts  Aggregate Year-to-Date > \$ 501.08	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 23.27	
<b>Full Name, Mailing Address, and ZIP Code</b> GLOYD MICHAEL A.  3132 W Ironwood Cir  Chandler AZ 85226  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Mgr. National Accts  Aggregate Year-to-Date > \$ 524.35	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 23.27	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>192 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> GLOYD MICHAEL A.  3132 W Ironwood Cir  Chandler AZ 85226  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. National Accts  <b>Aggregate Year-to-Date</b> > \$ 547.62	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  23.27		
<b>Full Name, Mailing Address, and ZIP Code</b> GODDARD GEORGE C.  147 N Lakeside Dr Nw  Kennesaw GA 30144  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> GODDARD GEORGE C.  147 N Lakeside Dr Nw  Kennesaw GA 30144  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> GODDARD GEORGE C.  147 N Lakeside Dr Nw  Kennesaw GA 30144  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> GODWIN ROBERT H.  16011 Deaton Dr Se  Huntsville AL 35803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 296.60	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  13.67		
<b>Full Name, Mailing Address, and ZIP Code</b> GODWIN ROBERT H.  16011 Deaton Dr Se  Huntsville AL 35803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 310.27	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  13.67		
<b>Full Name, Mailing Address, and ZIP Code</b> GODWIN ROBERT H.  16011 Deaton Dr Se  Huntsville AL 35803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 323.94	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  13.67		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>193 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GOEDEN JOHN P  Po Box 1992  North Sioux City SD 57049  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GOEDEN JOHN P  Po Box 1992  North Sioux City SD 57049  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GOEDEN JOHN P  Po Box 1992  North Sioux City SD 57049  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GOEKEN ALBERT L.  103 Eaton Pl  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Dir. Trade Dev  <b>Aggregate Year-to-Date</b> > \$ 197.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> GOEKEN ALBERT L.  103 Eaton Pl  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Dir. Trade Dev  <b>Aggregate Year-to-Date</b> > \$ 195.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> GOEKEN ALBERT L.  103 Eaton Pl  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Dir. Trade Dev  <b>Aggregate Year-to-Date</b> > \$ 204.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> GOLDBERG RONALD L.  1910 Birch Rd  Mclean VA 22101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 361.42	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.72	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>194 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GOLDBERG RONALD L.  1910 Birch Rd  Mclean VA 22101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 378.14	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.72	
<b>Full Name, Mailing Address, and ZIP Code</b> GOLDBERG RONALD L.  1910 Birch Rd  Mclean VA 22101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 394.86	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.72	
<b>Full Name, Mailing Address, and ZIP Code</b> GOLDEN FRANK J.  2413 Welsh Tavern Way  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Supplier Cq/Internal Aud  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GOLDEN FRANK J.  2413 Welsh Tavern Way  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Supplier Cq/Internal Aud  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GOLDEN FRANK J.  2413 Welsh Tavern Way  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Supplier Cq/Internal Aud  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GOLSON III JOSEPH M.  4133 E. Hope Circle  Mesa AZ 85205  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 397.24	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GOLSON III JOSEPH M.  4133 E. Hope Circle  Mesa AZ 85205  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 415.58	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>195 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> GOLSON III JOSEPH M.  4133 E. Hope Circle  Mesa AZ 85205	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 433.92			
<b>Full Name, Mailing Address, and ZIP Code</b> GOMEZ JORGE E.  14748 Sw 61st Lane  Miami FL 33193	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.29		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 218.54			
<b>Full Name, Mailing Address, and ZIP Code</b> GOMEZ JORGE E.  14746 Sw 61st Lane  Miami FL 33193	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.29		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 228.83			
<b>Full Name, Mailing Address, and ZIP Code</b> GOMEZ JORGE E.  14748 Sw 61st Lane  Miami FL 33193	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.29		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 239.12			
<b>Full Name, Mailing Address, and ZIP Code</b> GOMEZ LINDA J.  7819 Glen Crest Way  Orlando FL 32836	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.72		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 296.86			
<b>Full Name, Mailing Address, and ZIP Code</b> GOMEZ LINDA J.  7819 Glen Crest Way  Orlando FL 32836	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.72		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 310.58			
<b>Full Name, Mailing Address, and ZIP Code</b> GOMEZ LINDA J.  7819 Glen Crest Way  Orlando FL 32836	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.72		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 324.30			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>196 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GOMEZ ROBERT J.  6854 Pear Tree Dr  Carlsbad CA 92009  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 183.48	
	<b>Full Name, Mailing Address, and ZIP Code</b> GOMEZ ROBERT J.  6854 Pear Tree Dr  Carlsbad CA 92009  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
Occupation Sr. Executive Sales Rep		Aggregate Year-to-Date > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> GOMEZ ROBERT J.  6854 Pear Tree Dr  Carlsbad CA 92009  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Occupation Sr. Executive Sales Rep		Aggregate Year-to-Date > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> GOMEZ ROBERT J.  6854 Pear Tree Dr  Carlsbad CA 92009  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> GODDWIN JOHN M.  P O Box 1009  Village Mills TX 77663  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Account Manager	Aggregate Year-to-Date > \$ 183.48	
	<b>Full Name, Mailing Address, and ZIP Code</b> GODDWIN JOHN M.  P O Box 1009  Village Mills TX 77663  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
Occupation Sr. Account Manager		Aggregate Year-to-Date > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> GODDWIN JOHN M.  P O Box 1009  Village Mills TX 77663  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Occupation Sr. Account Manager		Aggregate Year-to-Date > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> GODDWIN JOHN M.  P O Box 1009  Village Mills TX 77663  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> GOODWIN SHEILA DIANE  12 Birchcrest Ct.  Durham NC 27713  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 23.84
	Occupation Sr. Clin Resch Program Head	Aggregate Year-to-Date > \$ 518.32	
	<b>SUBTOTALS</b> of Receipts This Page (Optional) .....		
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>197 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GOODWIN SHEILA DIANE  12 Birchcrest Ct.  Durham NC 27713  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Clin Rsch Program Head  <b>Aggregate Year-to-Date</b> > \$ 540.18	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  23.84	
<b>Full Name, Mailing Address, and ZIP Code</b> GOODWIN SHEILA DIANE  12 Birchcrest Ct.  Durham NC 27713  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Clin Rsch Program Head  <b>Aggregate Year-to-Date</b> > \$ 564.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  23.84	
<b>Full Name, Mailing Address, and ZIP Code</b> GORDON VERNON PAUL  6301 Renaissance Wly Ne  Atlanta GA 30308  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GORDON VERNON PAUL  6301 Renaissance Wly Ne  Atlanta GA 30308  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GORDON VERNON PAUL  6301 Renaissance Wly Ne  Atlanta GA 30308  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GORIN DIANA C.  9215 Kingsbury Dr  Silver Spring MD 20910  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GORIN DIANA C.  9215 Kingsbury Dr  Silver Spring MD 20910  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>198 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GORIN DIANA C.  9215 Kingsbury Dr  Silver Spring MD 20910  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GOSSIN RICHARD J.  106 Balsamwood Ct  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> VP Taxes  <b>Aggregate Year-to-Date</b> > \$ 699.86	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 58.33	
<b>Full Name, Mailing Address, and ZIP Code</b> GOSTKOWSKI JAMES  188 Glensummer Rd  Hobrook NY 11741  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GOSTKOWSKI JAMES  188 Glensummer Rd  Hobrook NY 11741  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GOSTKOWSKI JAMES  188 Glensummer Rd  Hobrook NY 11741  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GRADY KURT P.  4618 North Illinois #102  Fairview Heights IL 62208  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Dir. Region Med Scient  <b>Aggregate Year-to-Date</b> > \$ 528.58	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 24.31	
<b>Full Name, Mailing Address, and ZIP Code</b> GRADY KURT P.  4618 North Illinois #102  Fairview Heights IL 62208  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Dir. Region Med Scient  <b>Aggregate Year-to-Date</b> > \$ 552.89	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 24.31	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>199 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> GRADY KURT P.  4618 North Illinois #102  Fairview Heights IL 62208	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  24.31		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Dir. Region Med Scient	<b>Aggregate Year-to-Date</b> > \$ 577.20			
<b>Full Name, Mailing Address, and ZIP Code</b> GRAHAM JOHN P.  112 Frehold Ct  Morrisville NC 27560	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  29.98		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Dir. State Govt Affairs	<b>Aggregate Year-to-Date</b> > \$ 650.60			
<b>Full Name, Mailing Address, and ZIP Code</b> GRAHAM JOHN P.  112 Frehold Ct  Morrisville NC 27560	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  29.88		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Dir. State Govt Affairs	<b>Aggregate Year-to-Date</b> > \$ 680.78			
<b>Full Name, Mailing Address, and ZIP Code</b> GRAHAM JOHN P.  112 Frehold Ct  Morrisville NC 27560	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  29.98		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Dir. State Govt Affairs	<b>Aggregate Year-to-Date</b> > \$ 710.76			
<b>Full Name, Mailing Address, and ZIP Code</b> GRAHAM MARC M.  3117 Twin Leaf Dr  Raleigh NC 27813	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Tois Architecture & Plng	<b>Aggregate Year-to-Date</b> > \$ 187.00			
<b>Full Name, Mailing Address, and ZIP Code</b> GRAHAM MARC M.  3117 Twin Leaf Dr  Raleigh NC 27813	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Tois Architecture & Plng	<b>Aggregate Year-to-Date</b> > \$ 195.50			
<b>Full Name, Mailing Address, and ZIP Code</b> GRAHAM MARC M.  3117 Twin Leaf Dr  Raleigh NC 27813	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Tois Architecture & Plng	<b>Aggregate Year-to-Date</b> > \$ 204.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>200 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GRAML PAUL C.  #20 Blueberry Lane  Avon CT 06001  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 480.02	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 22.25	
<b>Full Name, Mailing Address, and ZIP Code</b> GRAML PAUL C.  #20 Blueberry Lane  Avon CT 06001  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 502.27	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 22.25	
<b>Full Name, Mailing Address, and ZIP Code</b> GRAML PAUL C.  #20 Blueberry Lane  Avon CT 06001  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 524.52	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 22.25	
<b>Full Name, Mailing Address, and ZIP Code</b> GRANT JILL  17577 Maxon Ln  Adams NY 13605  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GRANT JILL  17577 Maxon Ln  Adams NY 13805  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GRANT JILL  17577 Maxon Ln  Adams NY 13805  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GRAVES RENEE T.  1012 Didmarlon Dr.  Bowie MD 20721  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 322.64	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.80	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>201 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GRAVES RENEE T.  1012 Oldmarion Dr.  Bowie MD 20721	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.80
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 337.54		
<b>Full Name, Mailing Address, and ZIP Code</b> GRAVES RENEE T.  1012 Didmarion Dr.  Bowie MD 20721	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.50
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 352.44		
<b>Full Name, Mailing Address, and ZIP Code</b> GRAY KENNETH R.  15208 Jefferson Creek Dr  Alpharetta GA 30005	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 25.35
	Occupation Reg. Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 550.88		
<b>Full Name, Mailing Address, and ZIP Code</b> GRAY KENNETH R.  15208 Jefferson Creek Dr  Alpharetta GA 30005	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 25.35
	Occupation Reg. Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 576.21		
<b>Full Name, Mailing Address, and ZIP Code</b> GRAY KENNETH R.  15208 Jefferson Creek Dr  Alpharetta GA 30005	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 25.35
	Occupation Reg. Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 601.56		
<b>Full Name, Mailing Address, and ZIP Code</b> GRAY STEFANIA ANNA  3 Tournament Drive  Leonardo NJ 07737	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.19
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.52		
<b>Full Name, Mailing Address, and ZIP Code</b> GRAY STEFANIA ANNA  3 Tournament Drive  Leonardo NJ 07737	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.19
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.71		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>202 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GRAY STEFANIA ANNA  3 Tournament Drive  Leonardo NJ 07737  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 240.90	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.19	
<b>Full Name, Mailing Address, and ZIP Code</b> GRAYDON LOIS C.  23 Knottingham Dr  Voorhees NJ 08043  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GRAYDON LOIS C.  23 Knottingham Dr  Voorhees NJ 08043  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GRAYDON LOIS C.  23 Knottingham Dr  Voorhees NJ 08043  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GREEBON RUTH C.  4014 Easton Bend Ct.  Sugar Land TX 77479  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GREEBON RUTH C.  4014 Easton Bend Ct.  Sugar Land TX 77479  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GREEBON RUTH C.  4014 Easton Bend Ct.  Sugar Land TX 77479  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		203 / 631
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GREEN MARK D.  3369 Douglas Dr  Sanford MI 48657  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 401.44	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.52	
<b>Full Name, Mailing Address, and ZIP Code</b> GREEN MARK D.  3369 Douglas Dr  Sanford MI 48657  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 418.86	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.52	
<b>Full Name, Mailing Address, and ZIP Code</b> GREEN MARK D.  3369 Douglas Dr  Sanford MI 48657  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 438.48	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.52	
<b>Full Name, Mailing Address, and ZIP Code</b> GREEN RODNEY G.  3486 G Road  Clifton CO 81520  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 198.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GREEN RODNEY G.  3486 G Road  Clifton CO 81520  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 207.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GREEN RODNEY G.  3486 G Road  Clifton CO 81520  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 216.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GREENE DIANA L.  245 Keller Cir  Folsom CA 95630  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 198.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>204 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GREENE DIANA L.  245 Keller Cir  Folsom CA 95630  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 207.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GREENE DIANA L.  245 Keller Cir  Folsom CA 95630  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 216.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GREENE LARRY C.  3379 Old Kawkawin Rd  Bay City MI 48706  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 278.72	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.84	
<b>Full Name, Mailing Address, and ZIP Code</b> GREENE LARRY C.  3379 Old Kawkawin Rd  Bay City MI 48706  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 288.56	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.84	
<b>Full Name, Mailing Address, and ZIP Code</b> GREENE LARRY C.  3379 Old Kawkawin Rd  Bay City MI 48706  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 302.40	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.84	
<b>Full Name, Mailing Address, and ZIP Code</b> GREENE MARK A.  3627 Sinclair Ave  Midland TX 79707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 256.04	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.81	
<b>Full Name, Mailing Address, and ZIP Code</b> GREENE MARK A.  3627 Sinclair Ave  Midland TX 79707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 267.85	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.81	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>205 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GREENE MARK A.  3527 Sinclair Ave  Midland TX 79707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.81
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date > \$ 279.68		
<b>Full Name, Mailing Address, and ZIP Code</b> GREENSTEIN GARY A.  310 Brandywine Dr  Old Hickory TN 37138  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> GREENSTEIN GARY A.  310 Brandywine Dr  Old Hickory TN 37138  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> GREENSTEIN GARY A.  310 Brandywine Dr  Old Hickory TN 37138  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> GREER JILL M.  2742 Middle Rd  Davenport IA 52803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.08
	Occupation Sr. Sales Rep - Tas		
	Aggregate Year-to-Date > \$ 283.32		
<b>Full Name, Mailing Address, and ZIP Code</b> GREER JILL M.  2742 Middle Rd  Davenport IA 52803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.08
	Occupation Sr. Sales Rep - Tas		
	Aggregate Year-to-Date > \$ 296.40		
<b>Full Name, Mailing Address, and ZIP Code</b> GREER JILL M.  2742 Middle Rd  Davenport IA 52803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.08
	Occupation Sr. Sales Rep - Tas		
	Aggregate Year-to-Date > \$ 309.48		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		206 / 631
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GRIECO CHRISTINE V.  500 Fern Street  Washington Twp NJ 07675  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GRIECO CHRISTINE V.  595 Fern Street  Washington Twp NJ 07675  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GRIECO CHRISTINE V.  500 Fern Street  Washington Twp NJ 07675  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GRIER NANNETTE R.  9428 Tweeds Mill Rd  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Product Mgr. II  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GRIER NANNETTE R.  9428 Tweeds Mill Rd  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Product Mgr. II  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GRIER NANNETTE R.  9428 Tweeds Mill Rd  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Product Mgr. II  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GRIFFIN LARRY P.  17123 N Westam Ave  Edmond OK 73003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>207 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GRIFFIN LARRY P.  17123 N Western Ave  Edmond OK 73003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 151.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GRIFFIN LARRY P.  17123 N Western Ave  Edmond OK 73003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> GRIFFIN WALTER V.  7428 Bridgfield Dr  Powell TN 37849  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GRIFFIN WALTER V.  7428 Bridgfield Dr  Powell TN 37849  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GRIFFIN WALTER V.  7428 Bridgfield Dr  Powell TN 37849  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GRILLOT MICHAEL A.  2518 Saint James Dr  Franklin TN 37064  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Account Manager  Aggregate Year-to-Date > \$ 503.20	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 23.29	
<b>Full Name, Mailing Address, and ZIP Code</b> GRILLOT MICHAEL A.  2518 Saint James Dr  Franklin TN 37064  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Account Manager  Aggregate Year-to-Date > \$ 528.49	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 23.29	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>208 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GRILLOT MICHAEL A.  2518 Saint James Dr  Franklin TN 37064	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 23.29
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 549.78		
<b>Full Name, Mailing Address, and ZIP Code</b> GRMOLJEZ WILLIAM  2333 Portola Dr. #62  Santa Cruz CA 95062	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.33
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 235.52		
<b>Full Name, Mailing Address, and ZIP Code</b> GRMOLJEZ WILLIAM  2333 Portola Dr. #62  Santa Cruz CA 95062	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.33
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 248.85		
<b>Full Name, Mailing Address, and ZIP Code</b> GRMOLJEZ WILLIAM  2333 Portola Dr. #62  Santa Cruz CA 95062	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.33
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 258.18		
<b>Full Name, Mailing Address, and ZIP Code</b> GROH CAROL CHRISTINE  4950 Hillbrook Ln  Washington DC 20016	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.63
	Occupation Executive Sales Rep - On/Off		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 294.94		
<b>Full Name, Mailing Address, and ZIP Code</b> GROH CAROL CHRISTINE  4950 Hillbrook Ln  Washington DC 20016	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.63
	Occupation Executive Sales Rep - On/Off		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 308.57		
<b>Full Name, Mailing Address, and ZIP Code</b> GROH CAROL CHRISTINE  4950 Hillbrook Ln  Washington DC 20016	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.63
	Occupation Executive Sales Rep - On/Off		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 322.20		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>209 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GROSS BECKY L.  218 Turkey Track Trl  Canyon TX 79015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> GROSS BECKY L.  218 Turkey Track Trl  Canyon TX 79015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> GROSS BECKY L.  218 Turkey Track Trl  Canyon TX 79015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> GROSSMAN JASON E.  104 Crocus Court  Dayton NJ 08810  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> GROSSMAN JASON E.  104 Crocus Court  Dayton NJ 08810  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> GROSSMAN JASON E.  104 Crocus Court  Dayton NJ 08810  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> GROTH ROBERT LEE  46 Person Patch Ln  Conowingo MD 21918  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep	Aggregate Year-to-Date > \$ 183.48	

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>210 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GROTH ROBERT LEE  46 Parson Patch Ln  Conowingo MD 21918  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> GROTH ROBERT LEE  46 Parson Patch Ln  Conowingo MD 21918  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> GRUBBS JOHN  3905 S Woods Edge Rd  Columbia MD 65203  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> GRUBBS JOHN  3905 S Woods Edge Rd  Columbia MD 65203  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> GRUBBS JOHN  3905 S Woods Edge Rd  Columbia MD 65203  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> GRUBER DAVID G.  7820 Matson Ct  Deer Park OH 45236  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.20
	Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 264.26		
<b>Full Name, Mailing Address, and ZIP Code</b> GRUBER DAVID G.  7820 Matson Ct  Deer Park OH 45236  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.20
	Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 278.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		211 / 631
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GRUBER DAVID G.  7820 Matson Ct  Dear Park OH 45236	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  12.20	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 288.68		
<b>Full Name, Mailing Address, and ZIP Code</b> GRUNWALD GLEN L.  112 Kisiwa Pkwy  Hutchinson KS 67502	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> GRUNWALD GLEN L.  112 Kisiwa Pkwy  Hutchinson KS 67502	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> GRUNWALD GLEN L.  112 Kisiwa Pkwy  Hutchinson KS 67502	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> GUENO JAMES A.  6939 General Haig St  New Orleans LA 70124	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> GUENO JAMES A.  6939 General Haig St  New Orleans LA 70124	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> GUENO JAMES A.  6939 General Haig St  New Orleans LA 70124	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 240.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>212 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GUILL EARL P.  2431 Reynolds Dr.  Winston-Salem NC 27104  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
	Occupation Dir. Engineering	Aggregate Year-to-Date > \$ 183.48		
	<b>Full Name, Mailing Address, and ZIP Code</b> GUILL EARL P.  2431 Reynolds Dr.  Winston-Salem NC 27104  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			Name of Employer Glaxo Wellcome Inc.
Occupation Dir. Engineering	Aggregate Year-to-Date > \$ 191.82	<b>Full Name, Mailing Address, and ZIP Code</b> GUILL EARL P.  2431 Reynolds Dr.  Winston-Salem NC 27104  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> GUILL EARL P.  2431 Reynolds Dr.  Winston-Salem NC 27104  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Occupation Dir. Engineering	Aggregate Year-to-Date > \$ 200.18	<b>Full Name, Mailing Address, and ZIP Code</b> GUIN LINDA F.  104 Lake St  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> GUIN LINDA F.  104 Lake St  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	
Occupation Consultant	Aggregate Year-to-Date > \$ 220.00	<b>Full Name, Mailing Address, and ZIP Code</b> GUIN LINDA F.  104 Lake St  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> GUIN LINDA F.  104 Lake St  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
Occupation Consultant	Aggregate Year-to-Date > \$ 230.00	<b>Full Name, Mailing Address, and ZIP Code</b> GUIN LINDA F.  104 Lake St  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> GUIN LINDA F.  104 Lake St  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	
Occupation Consultant	Aggregate Year-to-Date > \$ 240.00	<b>Full Name, Mailing Address, and ZIP Code</b> GUNDERSON DARWIN E.  815 W. Pine Cliff Dr  Flagstaff AZ 86001  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> GUNDERSON DARWIN E.  815 W. Pine Cliff Dr  Flagstaff AZ 86001  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
Occupation Sales Rep	Aggregate Year-to-Date > \$ 183.48	<b>SUBTOTALS</b> of Receipts This Page (Optional) .....		
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>213 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> GUNDERSON DARWIN E.  815 W. Pine Cliff Dr  Flagstaff AZ 86001	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 151.82		
<b>Full Name, Mailing Address, and ZIP Code</b> GUNDERSON DARWIN E.  815 W. Pine Cliff Dr  Flagstaff AZ 86001	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> GUNN LYNETTE R.  4901 Kinsey Drive Apt. 1613  Tyler TX 75703	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 187.00		
<b>Full Name, Mailing Address, and ZIP Code</b> GUNN LYNETTE R.  4901 Kinsey Drive Apt. 1613  Tyler TX 75703	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 195.50		
<b>Full Name, Mailing Address, and ZIP Code</b> GUNN LYNETTE R.  4901 Kinsey Drive Apt. 1613  Tyler TX 75703	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 204.00		
<b>Full Name, Mailing Address, and ZIP Code</b> GUSTAFSON ROBERT N.  4641 Conner Cir  Plano TX 75093	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 28.17	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. National Accounts	<b>Aggregate Year-to-Date</b> > \$ 611.70		
<b>Full Name, Mailing Address, and ZIP Code</b> GUSTAFSON ROBERT N.  4641 Conner Cir  Plano TX 75093	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 28.17	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. National Accounts	<b>Aggregate Year-to-Date</b> > \$ 639.87		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>214 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> GUSTAFSON ROBERT N.  4641 Conner Cir  Plano TX 75093  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 28.17
	Occupation Dir. National Accounts		
	Aggregate Year-to-Date > \$ 668.04		
<b>Full Name, Mailing Address, and ZIP Code</b> GUTOWSKI MICHAEL M.  2923 Madeira Dr  Erie PA 16506  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> GUTOWSKI MICHAEL M.  2923 Madeira Dr  Erie PA 16506  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> GUTOWSKI MICHAEL M.  2923 Madeira Dr  Erie PA 16506  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> HALL DENISE C.  3208 River Oaks  Clayton NC 27520  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Systems Mgr		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HALL DENISE C.  3208 River Oaks  Clayton NC 27520  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Systems Mgr		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> HALL DENISE C.  3208 River Oaks  Clayton NC 27520  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Systems Mgr		
	Aggregate Year-to-Date > \$ 200.16		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>215 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HALPER ANNE J. S.  157 Chestnut Ln  Chapin Falls OH 44022	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HALPER ANNE J. S.  157 Chestnut Ln  Chapin Falls OH 44022	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> HALPER ANNE J. S.  157 Chestnut Ln  Chapin Falls OH 44022	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> HALUSKA JAMES D  3209 Parkwood Dr  Stevens Point WI 54481	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HALUSKA JAMES D  3209 Parkwood Dr  Stevens Point WI 54481	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> HALUSKA JAMES D  3209 Parkwood Dr  Stevens Point WI 54481	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> HAMILL GRAHAM W.  7058 Del Mar Ct  Alta Loma CA 91701	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 270.68		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>216 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HAMILL GRAHAM W.  7058 Del Mar Ct  Alta Loma CA 91701	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 280.68		
<b>Full Name, Mailing Address, and ZIP Code</b> HAMILL GRAHAM W.  7058 Del Mar Ct  Alta Loma CA 91701	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 290.68		
<b>Full Name, Mailing Address, and ZIP Code</b> HAMILTON MICHAEL A.  2005 S Hawick Ct  Chapel Hill NC 27516	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.68
	Occupation Grp. Dir. Mktg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> HAMMONS HERBERT H.  1277 S. Falcon Dr.  Palatine IL 60067	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.50
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 187.00		
<b>Full Name, Mailing Address, and ZIP Code</b> HAMMONS HERBERT H.  1277 S. Falcon Dr.  Palatine IL 60067	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.50
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 195.50		
<b>Full Name, Mailing Address, and ZIP Code</b> HAMMONS HERBERT H.  1277 S. Falcon Dr.  Palatine IL 60067	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.50
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 204.00		
<b>Full Name, Mailing Address, and ZIP Code</b> HAMRICK BLAIR C  8320 S Upham Way  Littleton CO 80128	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.50
	Occupation Executive Sales Rep - Tes		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 187.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>217 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> HAMRICK BLAIR C  8320 S Upham Way  Littleton CO 80128	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas				
<b>Aggregate Year-to-Date</b> > \$ 156.50					
<b>Full Name, Mailing Address, and ZIP Code</b> HAMRICK BLAIR C  8320 S Upham Way  Littleton CO 80128	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas				
<b>Aggregate Year-to-Date</b> > \$ 204.00					
<b>Full Name, Mailing Address, and ZIP Code</b> HANCOCK RODNEY W.  1113 Devonshire Dr  De Soto TX 75115	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager				
<b>Aggregate Year-to-Date</b> > \$ 220.00					
<b>Full Name, Mailing Address, and ZIP Code</b> HANCOCK RODNEY W.  1113 Devonshire Dr  De Soto TX 75115	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager				
<b>Aggregate Year-to-Date</b> > \$ 230.00					
<b>Full Name, Mailing Address, and ZIP Code</b> HANCOCK RODNEY W.  1113 Devonshire Dr  De Soto TX 75115	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager				
<b>Aggregate Year-to-Date</b> > \$ 240.00					
<b>Full Name, Mailing Address, and ZIP Code</b> HANEY GRINDL S.  1130 Sharpes Dr  Harrisonburg VA 22801	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.10		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 291.89					
<b>Full Name, Mailing Address, and ZIP Code</b> HANEY GRINDL S.  1130 Sharpes Dr  Harrisonburg VA 22801	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.10		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 305.99					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>218 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HANEY GRINDL S.  1130 Sharpes Dr  Harrisonburg VA 22801	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.10
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 320.09		
<b>Full Name, Mailing Address, and ZIP Code</b> HANSEN JAMES E.  7571 N Straw Hat Ln  Marana AZ 85743	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.83
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.50		
<b>Full Name, Mailing Address, and ZIP Code</b> HANSEN JAMES E.  7571 N Straw Hat Ln  Marana AZ 85743	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.83
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.33		
<b>Full Name, Mailing Address, and ZIP Code</b> HANSEN JAMES E.  7571 N Straw Hat Ln  Marana AZ 85743	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.83
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 209.16		
<b>Full Name, Mailing Address, and ZIP Code</b> HANSEN KENT W.  13855 Old Naches Hwy  Naches WA 98937	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.25
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 266.02		
<b>Full Name, Mailing Address, and ZIP Code</b> HANSEN KENT W.  13855 Old Naches Hwy  Naches WA 98937	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.25
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 278.27		
<b>Full Name, Mailing Address, and ZIP Code</b> HANSEN KENT W.  13855 Old Naches Hwy  Naches WA 98937	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.25
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 290.52		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	219 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> HANSON JEFFREY A.  5905 Solitude Way  Durham NC 27713		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.35
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 375.70	
<b>Full Name, Mailing Address, and ZIP Code</b> HANSON JEFFREY A.  5905 Solitude Way  Durham NC 27713		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.35
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 393.05	
<b>Full Name, Mailing Address, and ZIP Code</b> HANSON JEFFREY A.  5905 Solitude Way  Durham NC 27713		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.35
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 410.40	
<b>Full Name, Mailing Address, and ZIP Code</b> HAPP MARKHAM SCOTT  31090 S. W. Country View Loop  Wilsonville OR 97070		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.87
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Regional Corp Health Mgr		<b>Aggregate Year-to-Date</b> > \$ 343.74	
<b>Full Name, Mailing Address, and ZIP Code</b> HAPP MARKHAM SCOTT  31090 S. W. Country View Loop  Wilsonville OR 97070		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.87
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Regional Corp Health Mgr		<b>Aggregate Year-to-Date</b> > \$ 359.61	
<b>Full Name, Mailing Address, and ZIP Code</b> HAPP MARKHAM SCOTT  31090 S. W. Country View Loop  Wilsonville OR 97070		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.87
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Regional Corp Health Mgr		<b>Aggregate Year-to-Date</b> > \$ 375.49	
<b>Full Name, Mailing Address, and ZIP Code</b> HARE JERRY B.  2520 Herptree Ct  Raleigh NC 27613		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive		<b>Aggregate Year-to-Date</b> > \$ 200.18	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>220 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HARMESON JAMES B.  218 Highlands Lake Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Care Manager  <b>Aggregate Year-to-Date</b> > \$ 437.71	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.84	
<b>Full Name, Mailing Address, and ZIP Code</b> HARMESON JAMES B.  218 Highlands Lake Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Care Manager  <b>Aggregate Year-to-Date</b> > \$ 458.65	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.84	
<b>Full Name, Mailing Address, and ZIP Code</b> HARMESON JAMES B.  218 Highlands Lake Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Care Manager  <b>Aggregate Year-to-Date</b> > \$ 479.59	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.84	
<b>Full Name, Mailing Address, and ZIP Code</b> HARMON JENNIFER S.  961 Carter Street  Folsom CA 95630  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 208.58	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.68	
<b>Full Name, Mailing Address, and ZIP Code</b> HARMON JENNIFER S.  961 Carter Street  Folsom CA 95630  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 218.26	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.68	
<b>Full Name, Mailing Address, and ZIP Code</b> HARMON JENNIFER S.  961 Carter Street  Folsom CA 95630  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 227.94	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.68	
<b>Full Name, Mailing Address, and ZIP Code</b> HARNED CATHY J.  6640 E Zimmerly Ct  Wichita KS 67207  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 290.42	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.43	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>221 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HARNED CATHY J.  6640 E Zimmerman Ct  Wichita KS 67207  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 303.85	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.43	
<b>Full Name, Mailing Address, and ZIP Code</b> HARNED CATHY J.  6640 E Zimmerman Ct  Wichita KS 67207  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 317.28	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.43	
<b>Full Name, Mailing Address, and ZIP Code</b> HARP DAVID M.  816 Pottawatomie Trl  Batavia IL 60510  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 460.78	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 21.59	
<b>Full Name, Mailing Address, and ZIP Code</b> HARP DAVID M.  816 Pottawatomie Trl  Batavia IL 60510  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 482.35	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 21.59	
<b>Full Name, Mailing Address, and ZIP Code</b> HARP DAVID M.  816 Pottawatomie Trl  Batavia IL 60510  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 503.94	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 21.59	
<b>Full Name, Mailing Address, and ZIP Code</b> HARPER ALLISON H.  1640 Audubon St.  Alexandria LA 71301  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 254.18	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.72	
<b>Full Name, Mailing Address, and ZIP Code</b> HARPER ALLISON H.  1640 Audubon St.  Alexandria LA 71301  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 265.90	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.72	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>222 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HARPER ALLISON H.  1640 Audubon St.  Alexandria LA 71301  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  11.72	
	Occupation Executive Sales Rep	Aggregate Year-to-Date $\gg$ \$ 277.62		
	<b>Full Name, Mailing Address, and ZIP Code</b> HARRIS ERNEST S.  214 Lorraine Ave  Mount Vernon NY 10552  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			Name of Employer Glaxo Wellcome Inc.
Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date $\gg$ \$ 355.46	<b>Full Name, Mailing Address, and ZIP Code</b> HARRIS ERNEST S.  214 Lorraine Ave  Mount Vernon NY 10552  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  16.37		
Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date $\gg$ \$ 371.83	<b>Full Name, Mailing Address, and ZIP Code</b> HARRIS ERNEST S.  214 Lorraine Ave  Mount Vernon NY 10552  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  16.37		
Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date $\gg$ \$ 348.20	<b>Full Name, Mailing Address, and ZIP Code</b> HARRIS ERNEST S.  214 Lorraine Ave  Mount Vernon NY 10552  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  9.00		
Occupation Executive Sales Rep	Aggregate Year-to-Date $\gg$ \$ 186.00	<b>Full Name, Mailing Address, and ZIP Code</b> HART KIMBERLY A.  2506 Sunnybrook Court  Dothan AL 36303  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  9.00		
Occupation Executive Sales Rep	Aggregate Year-to-Date $\gg$ \$ 185.00	<b>Full Name, Mailing Address, and ZIP Code</b> HART KIMBERLY A.  2506 Sunnybrook Court  Dothan AL 36303  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  9.00		
Occupation Executive Sales Rep	Aggregate Year-to-Date $\gg$ \$ 204.00	<b>SUBTOTALS</b> of Receipts This Page (Optional) .....		
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>223 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HART LINDA M.  7359 Reserve Creek Dr  Port Saint Lucie FL 34986  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 374.52	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.28	
<b>Full Name, Mailing Address, and ZIP Code</b> HART LINDA M.  7359 Reserve Creek Dr  Port Saint Lucie FL 34986  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 391.80	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.28	
<b>Full Name, Mailing Address, and ZIP Code</b> HART LINDA M.  7359 Reserve Creek Dr  Port Saint Lucie FL 34986  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 409.08	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.28	
<b>Full Name, Mailing Address, and ZIP Code</b> HARTEL ROBERT G.  8937 N Mohawk Rd  Bayside WI 53217  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HARTEL ROBERT G.  8937 N Mohawk Rd  Bayside WI 53217  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HARTEL ROBERT G.  8937 N Mohawk Rd  Bayside WI 53217  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HARTMAN LARRY E.  201 Nandina Terrace  Winter Springs FL 32708  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>224 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HARTMAN LARRY E.  201 Nandina Terrace  Winter Springs FL 32708	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 151.82		
<b>Full Name, Mailing Address, and ZIP Code</b> HARTMAN LARRY E.  201 Nandina Terrace  Winter Springs FL 32708	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> HARTMAN STEVEN W.  756 Spring Island Way  Orlando FL 32828	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HARTMAN STEVEN W.  756 Spring Island Way  Orlando FL 32828	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> HARTMAN STEVEN W.  756 Spring Island Way  Orlando FL 32828	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> HARTSFIELD JACOB A.  311 Barniewood Dr  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 33.33
	Occupation Grp. Dir. Public Policy/Advoc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 722.04		
<b>Full Name, Mailing Address, and ZIP Code</b> HARTSFIELD JACOB A.  311 Barniewood Dr  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 33.33
	Occupation Grp. Dir. Public Policy/Advoc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 755.37		

**SUBTOTALS** of Receipts This Page (Optional) .....

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



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>225 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HARTSFIELD JACOB A.  311 Barnlewood Dr  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 33.33
	Occupation Grp. Dir. Public Policy/Advoc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 788.70		
<b>Full Name, Mailing Address, and ZIP Code</b> HARUN CHRISTOPHER J.  598 S Green Island Way  Camano Island WA 98292	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.73
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 318.08		
<b>Full Name, Mailing Address, and ZIP Code</b> HARUN CHRISTOPHER J.  598 S Green Island Way  Camano Island WA 98292	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.73
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 333.81		
<b>Full Name, Mailing Address, and ZIP Code</b> HARUN CHRISTOPHER J.  598 S Green Island Way  Camano Island WA 98292	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.73
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 348.54		
<b>Full Name, Mailing Address, and ZIP Code</b> HARVEY LYNN S.  18840 Kenya St.  North Ridge CA 91326	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 15.83
	Occupation Sr. Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 266.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HARVEY LYNN S.  18840 Kenya St.  North Ridge CA 91326	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 15.83
	Occupation Sr. Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 281.31		
<b>Full Name, Mailing Address, and ZIP Code</b> HARVEY LYNN S.  18840 Kenya St.  North Ridge CA 91326	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.83
	Occupation Sr. Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 297.14		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	226 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> HASLIP BEVERLY A.  1808 Township Cir  Raleigh NC 27609		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.43
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Otc Technical Spec			
		<b>Aggregate Year-to-Date</b> > \$ 258.04			
<b>Full Name, Mailing Address, and ZIP Code</b> HASLIP BEVERLY A.  1608 Township Cir  Raleigh NC 27809		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.43
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Otc Technical Spec			
		<b>Aggregate Year-to-Date</b> > \$ 268.47			
<b>Full Name, Mailing Address, and ZIP Code</b> HASLIP BEVERLY A.  1808 Township Cir  Raleigh NC 27609		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.43
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Otc Technical Spec			
		<b>Aggregate Year-to-Date</b> > \$ 280.90			
<b>Full Name, Mailing Address, and ZIP Code</b> HASSELQUIST KEITH PA  1502 Mercury Dr  Hinton IA 51024		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> HASSELQUIST KEITH PA  1502 Mercury Dr  Hinton IA 51024		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> HASSELQUIST KEITH PA  1502 Mercury Dr  Hinton IA 51024		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> HATZOPOULOS KIMBERLY S. WOODH-ALL  717 Neuchatel St  Burlingame CA 94010		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.35
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 343.32			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		227 / 631
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HATZOPOULOS KIMBERLY S. WOODH-ALL 717 Neuchatel St Burlingame CA 94010	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 359.67		
<b>Full Name, Mailing Address, and ZIP Code</b> HATZOPOULOS KIMBERLY S. WOODH-ALL 717 Neuchatel St Burlingame CA 94010	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 376.02		
<b>Full Name, Mailing Address, and ZIP Code</b> HAUSER EDMOND C. 45728 Coal Creek Dr Parker CO 80138	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HAUSER EDMOND C. 45728 Coal Creek Dr Parker CO 80138	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> HAUSER EDMOND C. 45728 Coal Creek Dr Parker CO 80138	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> HAUSKINS CHRISTINE L. 1749 Bluebird Ln Mound MN 55364	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HAUSKINS CHRISTINE L. 1749 Bluebird Ln Mound MN 55364	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>228 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HAUSKINS CHRISTINE L.  1749 Bluebird Ln  Mound MN 55364  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HAUSWALD JEFFREY  6123 S 102nd Ave  Omaha NE 68127  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HAUSWALD JEFFREY  6123 S 102nd Ave  Omaha NE 68127  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HAUSWALD JEFFREY  6123 S 102nd Ave  Omaha NE 68127  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HAWKINS RICHARD Y.  2410 Douglas Glen Ln  Franklin TN 37064  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 307.80	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.22	
<b>Full Name, Mailing Address, and ZIP Code</b> HAWKINS RICHARD Y.  2410 Douglas Glen Ln  Franklin TN 37064  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 322.02	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.22	
<b>Full Name, Mailing Address, and ZIP Code</b> HAWKINS RICHARD Y.  2410 Douglas Glen Ln  Franklin TN 37064  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 336.24	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.22	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>229 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HAWLEY ROGER L.  60111 Davis  Chapel Hill NC 27514	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  76.04	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> VP Sales	<b>Aggregate Year-to-Date</b> > \$ 858.85		
<b>Full Name, Mailing Address, and ZIP Code</b> HAYDELL PATRICK C.  410 Ravine Run Drive  Lafayette LA 70506	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.82		
<b>Full Name, Mailing Address, and ZIP Code</b> HAYDELL PATRICK C.  410 Ravine Run Drive  Lafayette LA 70506	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.84	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 202.88		
<b>Full Name, Mailing Address, and ZIP Code</b> HAYDELL PATRICK C.  410 Ravine Run Drive  Lafayette LA 70506	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 211.80		
<b>Full Name, Mailing Address, and ZIP Code</b> HAYES LLOYD E.  200 E Arlington His  North Augusta SC 29841	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HAYES LLOYD E.  200 E Arlington His  North Augusta SC 29841	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 181.82		
<b>Full Name, Mailing Address, and ZIP Code</b> HAYES LLOYD E.  200 E Arlington His  North Augusta SC 29841	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 200.18		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>230 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> HAYES NANCY D.  2989 Landing Way  Palm Harbor FL 34684	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Account Mgr.	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> HAYES NANCY D.  2959 Landing Way  Palm Harbor FL 34684	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Account Mgr.	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> HAYES NANCY D.  2989 Landing Way  Palm Harbor FL 34684	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Account Mgr.	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> HAYNES ROGER ALLEN  5400 Memorial Dr Suite 812  Houston TX 77007	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> HAYNES ROGER ALLEN  5400 Memorial Dr Suite 812  Houston TX 77007	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> HAYNES ROGER ALLEN  5400 Memorial Dr Suite 812  Houston TX 77007	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> HEALY DEBORA J.  531 Greenbrier Ave.  Celebration FL 34747	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.23		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 283.60			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>231 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HEALY DEBORA J.  531 Greenbrier Ave.  Celebration FL 34747	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.23
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 275.83		
<b>Full Name, Mailing Address, and ZIP Code</b> HEALY DEBORA J.  531 Greenbrier Ave.  Celebration FL 34747	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.23
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 288.06		
<b>Full Name, Mailing Address, and ZIP Code</b> HEATH SHANNON M.  101 Weeping Beach Way  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Reg. Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> HEATH SHANNON M.  101 Weeping Beach Way  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Reg. Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> HEATH SHANNON M.  101 Weeping Beach Way  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Reg. Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> HECHT DAVID P.  19 Cassela Dr  Wallingford CT 06492	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HECHT DAVID P.  19 Cassela Dr  Wallingford CT 06492	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>232 / 631</b>	
Use separate schedule(s) for each category of the Detailed Summary Page				<b>FOR LINE NUMBER 11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> HECHT DAVID P.  18 Cassella Dr  Wallingford CT 06492  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tax  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> HEINRICHS STEPHEN K.  60 Kellywood Ct  New Kensington PA 15068  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> HEINRICHS STEPHEN K.  60 Kellywood Ct  New Kensington PA 15068  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> HEINRICHS STEPHEN K.  60 Kellywood Ct  New Kensington PA 15068  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> HELLER RICHARD  208 Oak St  Massapequa Park NY 11762  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive  Aggregate Year-to-Date > \$ 190.08	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.88		
<b>Full Name, Mailing Address, and ZIP Code</b> HELLER RICHARD  208 Oak St  Massapequa Park NY 11762  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive  Aggregate Year-to-Date > \$ 201.96	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.88		
<b>Full Name, Mailing Address, and ZIP Code</b> HELLER RICHARD  208 Oak St  Massapequa Park NY 11762  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive  Aggregate Year-to-Date > \$ 213.84	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.88		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>233 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HEMBARSKY MARK R.  5209 Lake Edge Drive  Holy Springs NC 27540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HEMBARSKY MARK R.  5209 Lake Edge Drive  Holy Springs NC 27540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HEMBARSKY MARK R.  5209 Lake Edge Drive  Holy Springs NC 27540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HENDERSON DAVID F.  212 E 21st St  Tulsa OK 74114  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 445.06	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.62	
<b>Full Name, Mailing Address, and ZIP Code</b> HENDERSON DAVID F.  212 E 21st St  Tulsa OK 74114  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 465.68	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.62	
<b>Full Name, Mailing Address, and ZIP Code</b> HENDERSON DAVID F.  212 E 21st St  Tulsa OK 74114  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 486.30	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.62	
<b>Full Name, Mailing Address, and ZIP Code</b> HENDERSON PETER ROY  102 Amber Creek Cr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		234 / 631
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HENDERSON PETER ROY  102 Amber Creek Cr  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 151.82		
<b>Full Name, Mailing Address, and ZIP Code</b> HENDERSON PETER ROY  102 Amber Creek Cr  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> HENRY JOAN M.  5420 El Dorado Dr  Fort Worth TX 76107	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.52	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - One/Hiv	<b>Aggregate Year-to-Date</b> > \$ 424.40		
<b>Full Name, Mailing Address, and ZIP Code</b> HENRY JOAN M.  5420 El Dorado Dr  Fort Worth TX 76107	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.52	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - One/Hiv	<b>Aggregate Year-to-Date</b> > \$ 443.92		
<b>Full Name, Mailing Address, and ZIP Code</b> HENRY JOAN M.  5420 El Dorado Dr  Fort Worth TX 76107	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 19.52	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - One/Hiv	<b>Aggregate Year-to-Date</b> > \$ 463.44		
<b>Full Name, Mailing Address, and ZIP Code</b> HENSLEY KATHY F.  660 Upland Rd  Louisville KY 40206	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.10	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 182.08		
<b>Full Name, Mailing Address, and ZIP Code</b> HENSLEY KATHY F.  660 Upland Rd  Louisville KY 40206	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.10	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.18		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>235 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HENSLEY KATHY F.  660 Upland Rd  Louisville KY 40206	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.10
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 208.29		
<b>Full Name, Mailing Address, and ZIP Code</b> HERNDON ISAM A.  12642 Springbrook Dr Unit A  San Diego CA 92128	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Account Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> HERNDON ISAM A.  12642 Springbrook Dr Unit A  San Diego CA 92128	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Account Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> HERNDON ISAM A.  12642 Springbrook Dr Unit A  San Diego CA 92128	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Account Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> HESS GARRETT M.  7744 Thorncroft Ct  Columbus OH 43235	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HESS GARRETT M.  7744 Thorncroft Ct  Columbus OH 43235	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> HESS GARRETT M.  7744 Thorncroft Ct  Columbus OH 43235	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>236 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HEWLETT HARRY D.  11233 S Oxford Ave  Tulsa OK 74137	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.34
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 378.08		
<b>Full Name, Mailing Address, and ZIP Code</b> HEWLETT HARRY D.  11233 S Oxford Ave  Tulsa OK 74137	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.34
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 393.42		
<b>Full Name, Mailing Address, and ZIP Code</b> HEWLETT HARRY D.  11233 S Oxford Ave  Tulsa OK 74137	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.34
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 410.78		
<b>Full Name, Mailing Address, and ZIP Code</b> HICKS JOHN P.  2466 Kremers Ln  Villa Hills KY 41017	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.61
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 316.44		
<b>Full Name, Mailing Address, and ZIP Code</b> HICKS JOHN P.  2466 Kremers Ln  Villa Hills KY 41017	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.61
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 331.05		
<b>Full Name, Mailing Address, and ZIP Code</b> HICKS JOHN P.  2466 Kremers Ln  Villa Hills KY 41017	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.61
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 345.66		
<b>Full Name, Mailing Address, and ZIP Code</b> HILL BETHANY JO  3615 White Trillium Dr  Saginaw MI 48603	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>237 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HILL BETHANY JO  3615 White Trillium Dr  Saginaw MI 48603  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HILL BETHANY JO  3615 White Trillium Dr  Saginaw MI 48603  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HILL ROBERT CHILTON  976 Southpointe Cir  Morgantown WV 26505  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HILL ROBERT CHILTON  976 Southpointe Cir  Morgantown WV 26505  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HILL ROBERT CHILTON  976 Southpointe Cir  Morgantown WV 26505  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HILL ROGER L.  125 Lone Pine Dr  Manchester NH 03109  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 276.46	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.70	
<b>Full Name, Mailing Address, and ZIP Code</b> HILL ROGER L.  125 Lone Pine Dr  Manchester NH 03109  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 289.16	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.70	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>238 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HILL ROGER L.  125 Lone Pine Dr  Manchester NH 03109	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.70
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 301.88		
<b>Full Name, Mailing Address, and ZIP Code</b> HILL RUTH B.  2206 W 117th Pl  Chicago IL 60643	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HILL RUTH B.  2206 W 117th Pl  Chicago IL 60643	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> HILL RUTH B.  2206 W 117th Pl  Chicago IL 60643	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> HILLIARD HARRY T.  908 Streamer Ct  Raleigh NC 27814	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Project Mgr. Eng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> HILLIARD HARRY T.  908 Streamer Ct  Raleigh NC 27814	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Project Mgr. Eng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> HILLIARD HARRY T.  908 Streamer Ct  Raleigh NC 27814	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Project Mgr. Eng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>239 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HIME JOHN H.  23646 Wilderness Canyon Rd  Rapid City SD 57702  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> HIME JOHN H.  23648 Wilderness Canyon Rd  Rapid City SD 57702  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> HIME JOHN H.  23646 Wilderness Canyon Rd  Rapid City SD 57702  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> HIMMELBERG JEFFREY G.  1124 Chilmark Ave  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Strategic Ops - P&sga  Aggregate Year-to-Date > \$ 397.64	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 18.29
<b>Full Name, Mailing Address, and ZIP Code</b> HIMMELBERG JEFFREY G.  1124 Chilmark Ave  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Strategic Ops - P&sga  Aggregate Year-to-Date > \$ 415.93	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 18.29
<b>Full Name, Mailing Address, and ZIP Code</b> HIMMELBERG JEFFREY G.  1124 Chilmark Ave  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Strategic Ops - P&sga  Aggregate Year-to-Date > \$ 434.22	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 18.29
<b>Full Name, Mailing Address, and ZIP Code</b> HODGES WILLIAM LEE  3616 Rario Dr  Raleigh NC 27612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Acting Sr. Vp/Cfo  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 25.00

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>240 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HOEFER ERIC MATTHEW  183 Chattanooga St. Apt. B  San Francisco CA 94114	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HOEFER ERIC MATTHEW  183 Chattanooga St. Apt. B  San Francisco CA 94114	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> HOEFER ERIC MATTHEW  183 Chattanooga St. Apt. B  San Francisco CA 94114	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> HOFER STEVE S.  404 N Van Eps  Madison SD 57042	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HOFER STEVE S.  404 N Van Eps  Madison SD 57042	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> HOFER STEVE S.  404 N Van Eps  Madison SD 57042	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> HOFFMAN BARBARA M.  7337 E Saddlehorn Way  Orange CA 92869	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 23.23
	Occupation Sr. Mgr. Prof Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 501.58		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	241 / 631
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> HOFFMAN BARBARA M.  7337 E Saddlehorn Way  Orange CA 92860		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 23.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Mgr. Prof Affairs		<b>Aggregate Year-to-Date</b> > \$ 524.81	
<b>Full Name, Mailing Address, and ZIP Code</b> HOFFMAN BARBARA M.  7337 E Saddlehorn Way  Orange CA 92869		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 23.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Mgr. Prof Affairs		<b>Aggregate Year-to-Date</b> > \$ 548.04	
<b>Full Name, Mailing Address, and ZIP Code</b> HOFFMAN THEODORE C.  6706 Munich Rd  San Antonio TX 78256		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst		<b>Aggregate Year-to-Date</b> > \$ 355.84	
<b>Full Name, Mailing Address, and ZIP Code</b> HOFFMAN THEODORE C.  6706 Munich Rd  San Antonio TX 78256		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst		<b>Aggregate Year-to-Date</b> > \$ 372.26	
<b>Full Name, Mailing Address, and ZIP Code</b> HOFFMAN THEODORE C.  6706 Munich Rd  San Antonio TX 78256		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst		<b>Aggregate Year-to-Date</b> > \$ 388.68	
<b>Full Name, Mailing Address, and ZIP Code</b> HOFMANN LAURA R.  209 Wayne Ave.  Durham NC 27713		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Mhc Ther Care Strategy		<b>Aggregate Year-to-Date</b> > \$ 188.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HOFMANN LAURA R.  208 Wayne Ave.  Durham NC 27713		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Mhc Ther Care Strategy		<b>Aggregate Year-to-Date</b> > \$ 207.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>242 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HOFMANN LAURA R.  208 Wayne Ave.  Durham NC 27713  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Mhc Ther Care Strategy  <b>Aggregate Year-to-Date</b> > \$ 218.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HOFMANN TERENCE R.  5306 Park Vista Ct  Stow OH 44224  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 512.18	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  23.69	
<b>Full Name, Mailing Address, and ZIP Code</b> HOFMANN TERENCE R.  5306 Park Vista Ct  Stow OH 44224  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 535.87	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  23.69	
<b>Full Name, Mailing Address, and ZIP Code</b> HOFMANN TERENCE R.  5306 Park Vista Ct  Stow OH 44224  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 559.56	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  23.69	
<b>Full Name, Mailing Address, and ZIP Code</b> HOFMEISTER HOLLIE R.  7 Cross Creek Ct  Phoenix MD 21131  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 298.13	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  7.65	
<b>Full Name, Mailing Address, and ZIP Code</b> HOFMEISTER HOLLIE R.  7 Cross Creek Ct  Phoenix MD 21131  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 315.85	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  16.82	
<b>Full Name, Mailing Address, and ZIP Code</b> HOLCOMBE PAULA  813 Darfield Dr  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. VP General Counsel & Secy  <b>Aggregate Year-to-Date</b> > \$ 1708.25	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  143.75	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>243 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HOLDAWAY CINDY D.  4201 W. Memorial #10204  Oklahoma City OK 73134	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.54
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 208.64		
<b>Full Name, Mailing Address, and ZIP Code</b> HOLDAWAY CINDY D.  4201 W. Memorial #10204  Oklahoma City OK 73134	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.54
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 216.18		
<b>Full Name, Mailing Address, and ZIP Code</b> HOLDAWAY CINDY D.  4201 W. Memorial #10204  Oklahoma City OK 73134	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.54
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 225.72		
<b>Full Name, Mailing Address, and ZIP Code</b> HOLDERMAN MARY CATHERINE  104b Essex Ave  Atlanta GA 30339	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.03
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 215.68		
<b>Full Name, Mailing Address, and ZIP Code</b> HOLDERMAN MARY CATHERINE  104b Essex Ave  Atlanta GA 30339	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.23
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 226.91		
<b>Full Name, Mailing Address, and ZIP Code</b> HOLDERMAN MARY CATHERINE  104b Essex Ave  Atlanta GA 30339	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.23
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 238.14		
<b>Full Name, Mailing Address, and ZIP Code</b> HOLLAND STEPHEN G.  321 Plantation Parkway  Blythewood SC 29016	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.84
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 232.40		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>244 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HOLLAND STEPHEN G.  321 Plantation Parkway  Blythewood SC 29016	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.84
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 243.34		
<b>Full Name, Mailing Address, and ZIP Code</b> HOLLAND STEPHEN G.  321 Plantation Parkway  Blythewood SC 29016	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.94
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 254.28		
<b>Full Name, Mailing Address, and ZIP Code</b> HOLLINGSWORTH MELINDA SUE  2378 Belair Ct  Powell OH 43065	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.27
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 244.10		
<b>Full Name, Mailing Address, and ZIP Code</b> HOLLINGSWORTH MELINDA SUE  2378 Belair Ct  Powell OH 43065	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.27
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 255.37		
<b>Full Name, Mailing Address, and ZIP Code</b> HOLLINGSWORTH MELINDA SUE  2378 Belair Ct  Powell OH 43065	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.27
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 266.64		
<b>Full Name, Mailing Address, and ZIP Code</b> HOLLOWAY JAMES B.  101 Colburn Pt  Chapel Hill NC 27516	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Project Mgr. Eng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HOLLOWAY JAMES B.  101 Colburn Pt  Chapel Hill NC 27516	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Project Mgr. Eng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>245 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HOLLOWAY JAMES B.  101 Colburn Pt  Chapel Hill NC 27516  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Project Mgr. Eng  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HOLLY BENJAMIN D.  7037 Edgewater Dr  Mandeville LA 70471  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HOLLY BENJAMIN D.  7037 Edgewater Dr  Mandeville LA 70471  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HOLLY BENJAMIN D.  7037 Edgewater Dr  Mandeville LA 70471  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HOLMES NELL R.  1587 Beasley Rd  Louisburg NC 27549  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Qc Technical Spec  Aggregate Year-to-Date > \$ 278.72	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HOLMES NELL R.  1587 Beasley Rd  Louisburg NC 27549  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Qc Technical Spec  Aggregate Year-to-Date > \$ 288.06	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HOLMES NELL R.  1587 Beasley Rd  Louisburg NC 27549  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Qc Technical Spec  Aggregate Year-to-Date > \$ 298.40	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>246 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HOLNESS ADEN K.  258 Perrineville Road  Jamesburg NJ 08831	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.31
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 354.74			
<b>Full Name, Mailing Address, and ZIP Code</b> HOLNESS ADEN K.  258 Perrineville Road  Jamesburg NJ 08831	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.31
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 371.05			
<b>Full Name, Mailing Address, and ZIP Code</b> HOLNESS ADEN K.  258 Perrineville Road  Jamesburg NJ 08831	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.31
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 387.36			
<b>Full Name, Mailing Address, and ZIP Code</b> HOLSINGER MARY O.  506 Kentucky Ave  Alexandria VA 22305	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 22.01
	Occupation Sr. District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 475.58			
<b>Full Name, Mailing Address, and ZIP Code</b> HOLSINGER MARY O.  506 Kentucky Ave  Alexandria VA 22305	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 22.01
	Occupation Sr. District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 497.58			
<b>Full Name, Mailing Address, and ZIP Code</b> HOLSINGER MARY O.  506 Kentucky Ave  Alexandria VA 22305	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 22.01
	Occupation Sr. District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 519.60			
<b>Full Name, Mailing Address, and ZIP Code</b> HOLTE PETER A.  595 W Wabasha St  Duluth MN 55803	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.13
	Occupation District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 371.58			

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>247 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HOLTE PETER A.  595 W Wabasha St  Duluth MN 55803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 388.71	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.13	
<b>Full Name, Mailing Address, and ZIP Code</b> HOLTE PETER A.  595 W Wabasha St  Duluth MN 55803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 405.84	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.13	
<b>Full Name, Mailing Address, and ZIP Code</b> HOLVECK MICHAEL D.  4104 Brackenridge Ln  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Engineering  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HOLVECK MICHAEL D.  4104 Brackenridge Ln  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Engineering  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HOLVECK MICHAEL D.  4104 Brackenridge Ln  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Engineering  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HOOSIER TIMOTHY C.  174 Linwood Rd  Sterrett AL 35147  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 293.46	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.57	
<b>Full Name, Mailing Address, and ZIP Code</b> HOOSIER TIMOTHY C.  174 Linwood Rd  Sterrett AL 35147  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 309.43	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.87	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>248 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HOOSIER TIMOTHY C.  174 Linwood Rd  Sterrett AL 35147  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 325.40	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.87	
<b>Full Name, Mailing Address, and ZIP Code</b> HORN CHRISTOPHER C.  861 W Dorset  Palatine IL 60067  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HORN CHRISTOPHER C.  861 W Dorset  Palatine IL 60067  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HORN CHRISTOPHER C.  861 W Dorset  Palatine IL 60067  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HORNCASTLE COURT R.  1121 Holly Tree Farms Rd  Brentwood TN 37027  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 424.70	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 19.61	
<b>Full Name, Mailing Address, and ZIP Code</b> HORNCASTLE COURT R.  1121 Holly Tree Farms Rd  Brentwood TN 37027  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 444.31	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 19.61	
<b>Full Name, Mailing Address, and ZIP Code</b> HORNCASTLE COURT R.  1121 Holly Tree Farms Rd  Brentwood TN 37027  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 463.92	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 19.61	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>249 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HORNE RANDY S.  100 Capistrano Dr  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Pricing Analyst  <b>Aggregate Year-to-Date</b> > \$ 354.80	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.15	
<b>Full Name, Mailing Address, and ZIP Code</b> HORNE RANDY S.  100 Capistrano Dr  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Pricing Analyst  <b>Aggregate Year-to-Date</b> > \$ 412.85	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.15	
<b>Full Name, Mailing Address, and ZIP Code</b> HORNE RANDY S.  100 Capistrano Dr  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Pricing Analyst  <b>Aggregate Year-to-Date</b> > \$ 431.10	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.15	
<b>Full Name, Mailing Address, and ZIP Code</b> HOWARD NANCY G.  784 Oriole Dr  Virginia Beach VA 23451  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 374.94	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.42	
<b>Full Name, Mailing Address, and ZIP Code</b> HOWARD NANCY G.  784 Oriole Dr  Virginia Beach VA 23451  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 392.36	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.42	
<b>Full Name, Mailing Address, and ZIP Code</b> HOWARD NANCY G.  784 Oriole Dr  Virginia Beach VA 23451  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 409.78	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.42	
<b>Full Name, Mailing Address, and ZIP Code</b> HOWARD RANDALL H.  920 Joham Cir  Anchorage AK 99515  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>250 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HOWARD RANDALL H.  920 Joham Cir  Anchorage AK 99515	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> HOWARD RANDALL H.  920 Joham Cir  Anchorage AK 99515	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> HOWLEY MARY J.  5385 Hilltop Drive  Bay City MI 48706	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.88
	Occupation Executive Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 303.00		
<b>Full Name, Mailing Address, and ZIP Code</b> HOWLEY MARY J.  5595 Hilltop Drive  Bay City MI 48706	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.98
	Occupation Executive Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 316.98		
<b>Full Name, Mailing Address, and ZIP Code</b> HOWLEY MARY J.  5395 Hilltop Drive  Bay City MI 48706	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.98
	Occupation Executive Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 330.96		
<b>Full Name, Mailing Address, and ZIP Code</b> HOYLAND DAVID D.  Rd #5 Box 513 Mercer Rd.  New Castle PA 16105	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 20.33
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 440.36		
<b>Full Name, Mailing Address, and ZIP Code</b> HOYLAND DAVID D.  Rd #5 Box 513 Mercer Rd.  New Castle PA 16105	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 20.33
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 460.69		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>251 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HOYLAND DAVID D.  Rd #5 Box 513 Mercer Rd.  New Castle PA 16105  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 481.02	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  20.33	
<b>Full Name, Mailing Address, and ZIP Code</b> HSICH STEPHEN S  132 Grijalva Drive  San Francisco CA 94132  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HSICH STEPHEN S  132 Grijalva Drive  San Francisco CA 94132  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HSICH STEPHEN S  132 Grijalva Drive  San Francisco CA 94132  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HUBBS JOE E.  10104 Grafton Rd  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. State & Local Taxes  <b>Aggregate Year-to-Date</b> > \$ 198.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HUBBS JOE E.  10104 Grafton Rd  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. State & Local Taxes  <b>Aggregate Year-to-Date</b> > \$ 207.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HUBBS JOE E.  10104 Grafton Rd  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. State & Local Taxes  <b>Aggregate Year-to-Date</b> > \$ 218.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  9.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>252 / 631</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HUBER DOUGLAS D.  2470 Dexter Ave. N. Suite 302  Seattle WA 98109	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Market Development		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> HUBER DOUGLAS D.  2470 Dexter Ave. N. Suite 302  Seattle WA 98109	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Market Development		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> HUBER DOUGLAS D.  2470 Dexter Ave. N. Suite 302  Seattle WA 98109	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Market Development		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> HUDGINS CINDY K.  1049 Danielle Drive  Roseville CA 95747	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.19
	Occupation District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> HUDGINS CINDY K.  1049 Danielle Drive  Roseville CA 95747	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.19
	Occupation District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> HUDGINS CINDY K.  1049 Danielle Drive  Roseville CA 95747	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.19
	Occupation District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> HUDSON FRANK P.  102 Grey Mist Lane  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Grp. Dir Fin Plng & Bus Antys		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>253 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> HUDSON FRANK P.  102 Grey Mist Lane  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Grp. Dir Fin Plng & Bus Anlys  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> HUDSON FRANK P.  102 Grey Mist Lane  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Grp. Dir Fin Plng & Bus Anlys  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> HUDSON ROGER C.  5413 Royal Saint George Ln  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 335.72	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.50		
<b>Full Name, Mailing Address, and ZIP Code</b> HUDSON ROGER C.  5413 Royal Saint George Ln  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 351.22	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.50		
<b>Full Name, Mailing Address, and ZIP Code</b> HUDSON ROGER C.  5413 Royal Saint George Ln  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 366.72	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.50		
<b>Full Name, Mailing Address, and ZIP Code</b> HUFF LISA RENEE  1114 Hillside Dr  Webb City MO 64870  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 203.60	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.36		
<b>Full Name, Mailing Address, and ZIP Code</b> HUFF LISA RENEE  1114 Hillside Dr  Webb City MO 64870  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 214.96	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.36		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>254 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HUFF LISA RENEE  1114 Hillside Dr Webb City MO 64870	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.36
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> HUGGINS CLAUDIUS E.  106 Amesbury Ln Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 19.33
	Occupation Mgr. Corp Transportation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> HUGGINS CLAUDIUS E.  106 Amesbury Ln Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 19.33
	Occupation Mgr. Corp Transportation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> HUGGINS CLAUDIUS E.  106 Amesbury Ln Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 19.33
	Occupation Mgr. Corp Transportation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> HUGHES DONNA M.  315 C 71st Ave Myrtle Beach SC 29572	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> HUGHES DONNA M.  315 C 71st Ave Myrtle Beach SC 29572	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> HUGHES DONNA M.  315 C 71st Ave Myrtle Beach SC 29572	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>255 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HUGHES JOHN I.  1814 Se 38th Pl  Ocala FL 34471  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HUGHES JOHN I.  1814 Se 38th Pl  Ocala FL 34471  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HUGHES JOHN I.  1814 Se 38th Pl  Ocala FL 34471  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HULL JOHN M.  4213 W. Hartford  Broken Arrow OK 74012  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 307.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.05	
<b>Full Name, Mailing Address, and ZIP Code</b> HULL JOHN M.  4213 W. Hartford  Broken Arrow OK 74012  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 321.53	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.05	
<b>Full Name, Mailing Address, and ZIP Code</b> HULL JOHN M.  4213 W. Hartford  Broken Arrow OK 74012  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 335.58	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.05	
<b>Full Name, Mailing Address, and ZIP Code</b> HULL JOSEPH S.  302 Kirk Rd.  Greensboro NC 27455  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> VP & Gm Cns and Metabolic  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>256 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> HUNT ANTHONY L.  7413 Six Forks Rd #354  Raleigh NC 27615	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> HUNT ANTHONY L.  7413 Six Forks Rd #354  Raleigh NC 27615	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 230.00			
<b>Full Name, Mailing Address, and ZIP Code</b> HUNT ANTHONY L.  7413 Six Forks Rd #354  Raleigh NC 27615	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> HUNT TIMOTHY DOUGLAS  191 Marlborough St.  Boston MA 02116	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  17.33		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Reg Prof Affairs	<b>Aggregate Year-to-Date</b> > \$ 374.66			
<b>Full Name, Mailing Address, and ZIP Code</b> HUNT TIMOTHY DOUGLAS  191 Marlborough St.  Boston MA 02116	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  17.33		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Reg Prof Affairs	<b>Aggregate Year-to-Date</b> > \$ 391.99			
<b>Full Name, Mailing Address, and ZIP Code</b> HUNT TIMOTHY DOUGLAS  191 Marlborough St.  Boston MA 02116	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  17.33		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Reg Prof Affairs	<b>Aggregate Year-to-Date</b> > \$ 409.32			
<b>Full Name, Mailing Address, and ZIP Code</b> HURLEY MATTHEW K.  2240 Stone Cross Circle  Orlando FL 32826	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>257 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> HURLEY MATTHEW K.  2240 Stone Cross Circle  Orlando FL 32828  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34	
	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 151.82		
	<b>Full Name, Mailing Address, and ZIP Code</b> HURLEY MATTHEW K.  2240 Stone Cross Circle  Orlando FL 32828  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			Name of Employer Glaxo Wellcome Inc.
Occupation Sr. Sales Rep		Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> HURLEY MATTHEW K.  2240 Stone Cross Circle  Orlando FL 32828  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  15.42
Occupation District Sales Manager		Aggregate Year-to-Date > \$ 334.88		
<b>Full Name, Mailing Address, and ZIP Code</b> HURLEY MATTHEW K.  2240 Stone Cross Circle  Orlando FL 32828  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	
Occupation District Sales Manager		Aggregate Year-to-Date > \$ 350.28		
<b>Full Name, Mailing Address, and ZIP Code</b> HURLEY MATTHEW K.  2240 Stone Cross Circle  Orlando FL 32828  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  15.42
Occupation District Sales Manager		Aggregate Year-to-Date > \$ 365.70		
<b>Full Name, Mailing Address, and ZIP Code</b> HURLEY MATTHEW K.  2240 Stone Cross Circle  Orlando FL 32828  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	
Occupation Reg. Sales Dir		Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> HURLEY MATTHEW K.  2240 Stone Cross Circle  Orlando FL 32828  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
Occupation Reg. Sales Dir		Aggregate Year-to-Date > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>258 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HYLAND-WADE JULIE  23846 Philbrook Avenue  Valencia CA 91354  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> HYNES MARK A.  9901 N Oracle Rd #3202  Oro Valley AZ 85737  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 435.36	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.10	
<b>Full Name, Mailing Address, and ZIP Code</b> HYNES MARK A.  9901 N Oracle Rd #3202  Oro Valley AZ 85737  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 455.48	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.10	
<b>Full Name, Mailing Address, and ZIP Code</b> HYNES MARK A.  9901 N Oracle Rd #3202  Oro Valley AZ 85737  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 475.56	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.10	
<b>Full Name, Mailing Address, and ZIP Code</b> INDERMILL JAMES  7520 St. Marlo Country Club Pkwy.  Duluth GA 30097  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Dir. Mhc  <b>Aggregate Year-to-Date</b> > \$ 187.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> INDERMILL JAMES  7520 St. Marlo Country Club Pkwy.  Duluth GA 30097  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Dir. Mhc  <b>Aggregate Year-to-Date</b> > \$ 185.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> INDERMILL JAMES  7520 St. Marlo Country Club Pkwy.  Duluth GA 30097  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Dir. Mhc  <b>Aggregate Year-to-Date</b> > \$ 204.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>259 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> INGRAM JAMES E.  203 Willow Ct  Angier NC 27501	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.45		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Proj Mgr Intl Contract Compl				
<b>Aggregate Year-to-Date</b> > \$ 358.18					
<b>Full Name, Mailing Address, and ZIP Code</b> INGRAM JAMES E.  203 Willow Ct  Angier NC 27501	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.45		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Proj Mgr Intl Contract Compl				
<b>Aggregate Year-to-Date</b> > \$ 374.63					
<b>Full Name, Mailing Address, and ZIP Code</b> INGRAM JAMES E.  203 Willow Ct  Angier NC 27501	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.45		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Proj Mgr Intl Contract Compl				
<b>Aggregate Year-to-Date</b> > \$ 391.08					
<b>Full Name, Mailing Address, and ZIP Code</b> INGRAM MICHAEL B.  1 Greenside Court  Durham NC 27707	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.90		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager				
<b>Aggregate Year-to-Date</b> > \$ 347.68					
<b>Full Name, Mailing Address, and ZIP Code</b> INGRAM MICHAEL B.  1 Greenside Court  Durham NC 27707	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.90		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager				
<b>Aggregate Year-to-Date</b> > \$ 405.58					
<b>Full Name, Mailing Address, and ZIP Code</b> INGRAM MICHAEL B.  1 Greenside Court  Durham NC 27707	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.90		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager				
<b>Aggregate Year-to-Date</b> > \$ 423.48					
<b>Full Name, Mailing Address, and ZIP Code</b> INGRAM ROBERT A.  3624 Dover Rd  Durham NC 27707	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Chairman				
<b>Aggregate Year-to-Date</b> > \$ 1200.00					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>260 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> INMAN DIANE M.  1724 Alameda Dr  Chico CA 95926	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> INMAN DIANE M.  1724 Alameda Dr  Chico CA 95926	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> INMAN DIANE M.  1724 Alameda Dr  Chico CA 95926	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> IRONS WAYNE  8140 Rizzo Dr  Clay NY 13041	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 341.02		
<b>Full Name, Mailing Address, and ZIP Code</b> IRONS WAYNE  8140 Rizzo Dr  Clay NY 13041	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 357.71		
<b>Full Name, Mailing Address, and ZIP Code</b> IRONS WAYNE  8140 Rizzo Dr  Clay NY 13041	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 374.40		
<b>Full Name, Mailing Address, and ZIP Code</b> JACKSON DELVIN R.  505 Country Club Square Dr  Cameron MO 64429	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>261 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> JACKSON DELVIN R.  505 Country Club Square Dr  Cameron MO 64420  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> JACKSON DELVIN R.  505 Country Club Square Dr  Cameron MD 64429  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> JACKSON WILLIAM ANDRE  410 Hamilton Gates Trace  Roswell GA 30075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 377.64	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.28	
<b>Full Name, Mailing Address, and ZIP Code</b> JACKSON WILLIAM ANDRE  410 Hamilton Gates Trace  Roswell GA 30075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 394.92	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.28	
<b>Full Name, Mailing Address, and ZIP Code</b> JACKSON WILLIAM ANDRE  410 Hamilton Gates Trace  Roswell GA 30075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 412.20	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.28	
<b>Full Name, Mailing Address, and ZIP Code</b> JAMES CARL A.  14122 Churchill Estates Blvd  San Antonio TX 78248  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 298.72	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.75	
<b>Full Name, Mailing Address, and ZIP Code</b> JAMES CARL A.  14122 Churchill Estates Blvd  San Antonio TX 78248  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 312.47	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.75	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>262 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> JAMES CARL A.  14122 Churchlil Estates Blvd  San Antonio TX 78248  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.75
	Occupation Executive Sales Rep - Onc/Hiv		
	Aggregate Year-to-Date $\gg$ \$ 328.22		
<b>Full Name, Mailing Address, and ZIP Code</b> JANELLE JR. RAY A.  4400 Us Hwy 41 South  Tifton GA 31794  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date $\gg$ \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> JANELLE JR. RAY A.  4400 Us Hwy 41 South  Tifton GA 31794  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date $\gg$ \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> JANELLE JR. RAY A.  4400 Us Hwy 41 South  Tifton GA 31794  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date $\gg$ \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> JARRELL WILLIAM DAYLE  100 Chariot Court  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Buyer		
	Aggregate Year-to-Date $\gg$ \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> JARRELL WILLIAM DAYLE  100 Chariot Court  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Buyer		
	Aggregate Year-to-Date $\gg$ \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> JARRELL WILLIAM DAYLE  100 Chariot Court  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Buyer		
	Aggregate Year-to-Date $\gg$ \$ 200.16		

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>263 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> JENKINS JOY N.  5128 Fairmead Cir  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Sales Info Sys & Svcs  <b>Aggregate Year-to-Date</b> > \$ 383.20	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 23.85	
<b>Full Name, Mailing Address, and ZIP Code</b> JENKINS JOY N.  5128 Fairmead Cir  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Sales Info Sys & Svcs  <b>Aggregate Year-to-Date</b> > \$ 407.15	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 23.55	
<b>Full Name, Mailing Address, and ZIP Code</b> JENKINS JOY N.  5128 Fairmead Cir  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Sales Info Sys & Svcs  <b>Aggregate Year-to-Date</b> > \$ 431.10	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 23.85	
<b>Full Name, Mailing Address, and ZIP Code</b> JENKINS NIGEL LEONARD  16004 English Oaks Ave. Apt. A  Bowie MD 20716  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 370.22	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.09	
<b>Full Name, Mailing Address, and ZIP Code</b> JENKINS NIGEL LEONARD  16004 English Oaks Ave. Apt. A  Bowie MD 20716  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 387.31	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.09	
<b>Full Name, Mailing Address, and ZIP Code</b> JENKINS NIGEL LEONARD  16004 English Oaks Ave. Apt. A  Bowie MD 20716  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 404.40	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.09	
<b>Full Name, Mailing Address, and ZIP Code</b> JOCHEN CHRISTOPHER H.  208 Cherrystone Cir  Victoria TX 77904  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 279.64	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.81	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>264 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> JOCHEN CHRISTOPHER H.  208 Cherrystone Cir  Victoria TX 77904	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.91
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 292.55		
<b>Full Name, Mailing Address, and ZIP Code</b> JOCHEN CHRISTOPHER H.  208 Cherrystone Cir  Victoria TX 77904	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.91
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 305.46		
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON CATHY H.  706 Sanderson Dr  Durham NC 27704	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Organizational Effective		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON CATHY H.  706 Sanderson Dr  Durham NC 27704	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Organizational Effective		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON CATHY H.  706 Sanderson Dr  Durham NC 27704	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Organizational Effective		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON FRANK D.  7212 Grist Mill Rd  Raleigh NC 27815	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 33.65
	Occupation Regional Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 732.82		
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON FRANK D.  7212 Grist Mill Rd  Raleigh NC 27815	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 33.65
	Occupation Regional Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 766.57		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>265 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON FRANK D.  7212 Grist Mill Rd  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 800.22	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 33.65	
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON JAMES J.  7416 Glenhardn Dr  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Zeb Maint & Facility Svcs  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON JAMES J.  7416 Glenhardn Dr  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Zeb Maint & Facility Svcs  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON JAMES J.  7416 Glenhardn Dr  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Zeb Maint & Facility Svcs  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON RAY M.  149 Glenwood Ave  Portland ME 04103  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON RAY M.  149 Glenwood Ave  Portland ME 04103  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON RAY M.  149 Glenwood Ave  Portland ME 04103  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>266 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON STEPHEN P.  1503 Muirfield Rd  Cantonment FL 32533  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 319.14	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.76	
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON STEPHEN P.  1503 Muirfield Rd  Cantonment FL 32533  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 333.80	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.76	
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON STEPHEN P.  1503 Muirfield Rd  Cantonment FL 32533  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 348.68	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.76	
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON VERNON J.  964 Brantleytown Road  Zebulon NC 27597  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Prin Industrial Engr  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON VERNON J.  964 Brantleytown Road  Zebulon NC 27597  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Prin Industrial Engr  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> JOHNSON VERNON J.  964 Brantleytown Road  Zebulon NC 27597  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Prin Industrial Engr  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> JONES ANNE B.  6808 Wade Dr  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Manu & Strat Purchasing  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>267 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> JONES ANNE B.  6808 Wade Dr  Apex NC 27502	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Manu & Strat Purchasing				
<b>Aggregate Year-to-Date</b> > \$ 151.82					
<b>Full Name, Mailing Address, and ZIP Code</b> JONES ANNE B.  6808 Wade Dr  Apex NC 27502	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Manu & Strat Purchasing				
<b>Aggregate Year-to-Date</b> > \$ 200.16					
<b>Full Name, Mailing Address, and ZIP Code</b> JONES DESTRY G.  1140 Twyla Dr  Morrisville NC 27560	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Product Mgr.				
<b>Aggregate Year-to-Date</b> > \$ 183.48					
<b>Full Name, Mailing Address, and ZIP Code</b> JONES DESTRY G.  1140 Twyla Dr  Morrisville NC 27560	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Product Mgr.				
<b>Aggregate Year-to-Date</b> > \$ 191.82					
<b>Full Name, Mailing Address, and ZIP Code</b> JONES DESTRY G.  1140 Twyla Dr  Morrisville NC 27560	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Product Mgr.				
<b>Aggregate Year-to-Date</b> > \$ 200.16					
<b>Full Name, Mailing Address, and ZIP Code</b> JONES HEATHER A.  1511 Maple Hills Dr  Bountiful UT 84010	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.40		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager				
<b>Aggregate Year-to-Date</b> > \$ 375.86					
<b>Full Name, Mailing Address, and ZIP Code</b> JONES HEATHER A.  1511 Maple Hills Dr  Bountiful UT 84010	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.40		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager				
<b>Aggregate Year-to-Date</b> > \$ 393.38					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	268 / 631
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> JONES HEATHER A.  1511 Maple Hills Dr  Bountiful UT 84010		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 410.78	
<b>Full Name, Mailing Address, and ZIP Code</b> JONES JAMES C.  1510 S Greenleaf Ct  Winter Springs FL 32708		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> JONES JAMES C.  1510 S Greenleaf Ct  Winter Springs FL 32708		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> JONES JAMES C.  1510 S Greenleaf Ct  Winter Springs FL 32708		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> JONES JERRY D.  5018 Rolling Meadows Dr  Durham NC 27703		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Regional Sales Dir		<b>Aggregate Year-to-Date</b> > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> JONES JERRY D.  5018 Rolling Meadows Dr  Durham NC 27703		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Regional Sales Dir		<b>Aggregate Year-to-Date</b> > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> JONES JERRY D.  5018 Rolling Meadows Dr  Durham NC 27703		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Regional Sales Dir		<b>Aggregate Year-to-Date</b> > \$ 200.16	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		269 / 631
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> JONES JOHN RANDAL  5101 Brookstone Dr.  Durham NC 27713	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Systems Mgr	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> JONES JOHN RANDAL  5101 Brookstone Dr.  Durham NC 27713	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Systems Mgr	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> JONES JOHN RANDAL  5101 Brookstone Dr.  Durham NC 27713	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Systems Mgr	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> JONES KEVIN D.  195 Brookholow Dr  Peham AL 35124	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.06	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 261.66		
<b>Full Name, Mailing Address, and ZIP Code</b> JONES KEVIN D.  195 Brookholow Dr  Peham AL 35124	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.06	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 273.72		
<b>Full Name, Mailing Address, and ZIP Code</b> JONES KEVIN D.  195 Brookholow Dr  Peham AL 35124	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.06	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 285.78		
<b>Full Name, Mailing Address, and ZIP Code</b> JONES S.  6 Cliffbrook Ct  Austin TX 78736	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Mgr. State Govt Affairs	<b>Aggregate Year-to-Date</b> > \$ 270.18		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>270 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> JONES S.  6 Cliffbrook Ct  Austin TX 78738  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. State Govt Affairs  <b>Aggregate Year-to-Date</b> > \$ 278.52	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> JONES S.  6 Cliffbrook Ct  Austin TX 78738  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. State Govt Affairs  <b>Aggregate Year-to-Date</b> > \$ 296.86	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> JORDAN MARY C.  738 Bluff Dr  Knoxville TN 37919  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 434.24	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.87	
<b>Full Name, Mailing Address, and ZIP Code</b> JORDAN MARY C.  738 Bluff Dr  Knoxville TN 37919  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 454.21	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.97	
<b>Full Name, Mailing Address, and ZIP Code</b> JORDAN MARY C.  738 Bluff Dr  Knoxville TN 37919  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 474.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 19.97	
<b>Full Name, Mailing Address, and ZIP Code</b> JORDEN JAMES M.  150 E. Cove Ave. Apt. C  Wheeling WV 26003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 414.10	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.12	
<b>Full Name, Mailing Address, and ZIP Code</b> JORDEN JAMES M.  150 E. Cove Ave. Apt. C  Wheeling WV 26003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 433.22	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.12	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>271 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> JORDEN JAMES M.  150 E. Cove Ave. Apt. C Wheeling WV 26003	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 19.12
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 452.34		
<b>Full Name, Mailing Address, and ZIP Code</b> JOSLIN S. STEWART  5213 Blakeley Ln Raleigh NC 27813	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 15.03
	Occupation Project Eng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 326.82		
<b>Full Name, Mailing Address, and ZIP Code</b> JOSLIN S. STEWART  5213 Blakeley Ln Raleigh NC 27813	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 15.03
	Occupation Project Eng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 341.85		
<b>Full Name, Mailing Address, and ZIP Code</b> JOSLIN S. STEWART  5213 Blakeley Ln Raleigh NC 27813	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.03
	Occupation Project Eng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 356.88		
<b>Full Name, Mailing Address, and ZIP Code</b> JOY REUBEN T.  160 High Meadow Street Wood Ranch CA 93065	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Regional Medical Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> JOY REUBEN T.  160 High Meadow Street Wood Ranch CA 93065	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Regional Medical Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> JOY REUBEN T.  160 High Meadow Street Wood Ranch CA 93065	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Regional Medical Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>272 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> JOYCE KRISTINE  3165 Soaring Bird Cir  Colorado Springs CO 80920  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 303.38	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.00	
<b>Full Name, Mailing Address, and ZIP Code</b> JOYCE KRISTINE  3165 Soaring Bird Cir  Colorado Springs CO 80920  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 317.38	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.00	
<b>Full Name, Mailing Address, and ZIP Code</b> JOYCE KRISTINE  3165 Soaring Bird Cir  Colorado Springs CO 80920  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 331.38	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.00	
<b>Full Name, Mailing Address, and ZIP Code</b> JUDD WILLIAM D.  2601 Woodchester Ct  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Acting VP Comm Ops Strat Mktg  <b>Aggregate Year-to-Date</b> > \$ 187.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> JUDD WILLIAM D.  2601 Woodchester Ct  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Acting VP Comm Ops Strat Mktg  <b>Aggregate Year-to-Date</b> > \$ 195.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> JUDD WILLIAM D.  2601 Woodchester Ct  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Acting VP Comm Ops Strat Mktg  <b>Aggregate Year-to-Date</b> > \$ 204.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> JUROFF KENNETH A.  39544 Calher St  Canton MI 48187  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.70	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.35	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>273 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> JUROFF KENNETH A.  39544 Cather St  Canton MI 48187  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 192.05	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.35	
<b>Full Name, Mailing Address, and ZIP Code</b> JUROFF KENNETH A.  39544 Cather St  Canton MI 48187  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.40	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.35	
<b>Full Name, Mailing Address, and ZIP Code</b> KACZMARCZYK BASIL  7 Cheryl St  Plains PA 18705  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 268.32	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.28	
<b>Full Name, Mailing Address, and ZIP Code</b> KACZMARCZYK BASIL  7 Cheryl St  Plains PA 18705  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 278.60	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.28	
<b>Full Name, Mailing Address, and ZIP Code</b> KACZMARCZYK BASIL  7 Cheryl St  Plains PA 18705  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 290.88	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.28	
<b>Full Name, Mailing Address, and ZIP Code</b> KADEMIAN ROBERT C.  4113 Glen Erin Way  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Trade/Hosp Rltns Ther Ar  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KADEMIAN ROBERT C.  4113 Glen Erin Way  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Trade/Hosp Rltns Ther Ar  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>274 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KADEMIAN ROBERT C.  4113 Glen Erin Way  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Dir. Trade/Hosp Rltns Ther Ar		
	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> KAHLER FREDERICK  43 Forest Creek Dr  Hockessin DE 19707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> KAHLER FREDERICK  43 Forest Creek Dr  Hockessin DE 19707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> KAHLER FREDERICK  43 Forest Creek Dr  Hockessin DE 19707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> KAKKAR BIPINDER K.  34 Eastbourne Dr  Chestnut Ridge NY 10977  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> KAKKAR BIPINDER K.  34 Eastbourne Dr  Chestnut Ridge NY 10977  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> KAKKAR BIPINDER K.  34 Eastbourne Dr  Chestnut Ridge NY 10977  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager		
	Aggregate Year-to-Date > \$ 200.18		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>275 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> KANDELL WILLIAM A.  110 1st St  Hobrook NY 11741  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KANDELL WILLIAM A.  110 1st St  Hobrook NY 11741  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KANDELL WILLIAM A.  110 1st St  Hobrook NY 11741  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KAR MICHAEL G.  9386 E Dreyfus Pl  Scottsdale AZ 85260  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales Rep  Aggregate Year-to-Date > \$ 214.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.47	
<b>Full Name, Mailing Address, and ZIP Code</b> KAR MICHAEL G.  9386 E Dreyfus Pl  Scottsdale AZ 85260  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales Rep  Aggregate Year-to-Date > \$ 224.47	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.47	
<b>Full Name, Mailing Address, and ZIP Code</b> KAR MICHAEL G.  9386 E Dreyfus Pl  Scottsdale AZ 85260  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales Rep  Aggregate Year-to-Date > \$ 234.94	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.47	
<b>Full Name, Mailing Address, and ZIP Code</b> KARDOS THOMAS E.  1604 Valleyview Ct.  Pittsburgh PA 15237  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 241.08	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.76	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>276 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> KARDOS THOMAS E.  1604 Valleyview Ct.  Pittsburgh PA 15237  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 252.84	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.76	
<b>Full Name, Mailing Address, and ZIP Code</b> KARDOS THOMAS E.  1604 Valleyview Ct.  Pittsburgh PA 15237  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 264.60	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.76	
<b>Full Name, Mailing Address, and ZIP Code</b> KARSTENS LAURIE W.  221 W. Canebrake Blvd.  Hattiesburg MS 39402  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KARSTENS LAURIE W.  221 W. Canebrake Blvd.  Hattiesburg MS 39402  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KARSTENS LAURIE W.  221 W. Canebrake Blvd.  Hattiesburg MS 39402  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KAVANAUGH-SVEJCAR KATHLEEN M.  P. O. Box 1928  Lyons CO 80540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. State Govt Affairs  Aggregate Year-to-Date > \$ 400.26	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 18.45	
<b>Full Name, Mailing Address, and ZIP Code</b> KAVANAUGH-SVEJCAR KATHLEEN M.  P. O. Box 1928  Lyons CO 80540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. State Govt Affairs  Aggregate Year-to-Date > \$ 418.71	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 18.45	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>277 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KAVANAUGH-SVEJCAR KATHLEEN M.  P. O. Box 1928  Lyons CO 80540	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  18.45
	Occupation Mgr. State Govt Affairs		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 437.18	
<b>Full Name, Mailing Address, and ZIP Code</b> KEATING KENNETH R.  3200 Cove Cay Dr Unit 4a  Clearwater FL 33760	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  13.08
	Occupation Reg Clin Rsch Scientist II		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 297.76	
<b>Full Name, Mailing Address, and ZIP Code</b> KEATING KENNETH R.  3200 Cove Cay Dr Unit 4a  Clearwater FL 33760	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  13.08
	Occupation Reg Clin Rsch Scientist II		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.84	
<b>Full Name, Mailing Address, and ZIP Code</b> KEATING KENNETH R.  3200 Cove Cay Dr Unit 4a  Clearwater FL 33760	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  13.08
	Occupation Reg Clin Rsch Scientist II		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 313.92	
<b>Full Name, Mailing Address, and ZIP Code</b> KEAVANY GERALD J.  268 Hopkins Green Road  Hopkinton NH 03229	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.34
	Occupation Executive Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> KEAVANY GERALD J.  268 Hopkins Green Road  Hopkinton NH 03229	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
	Occupation Executive Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> KEAVANY GERALD J.  268 Hopkins Green Road  Hopkinton NH 03229	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  8.34
	Occupation Executive Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		278 / 631
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> KECK DONALD  550 Coachman Dr  Jacksonville OR 87530	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.59	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 228.78		
<b>Full Name, Mailing Address, and ZIP Code</b> KECK DONALD  550 Coachman Dr  Jacksonville OR 97530	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.59	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 239.37		
<b>Full Name, Mailing Address, and ZIP Code</b> KECK DONALD  550 Coachman Dr  Jacksonville OR 97530	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.59	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 249.98		
<b>Full Name, Mailing Address, and ZIP Code</b> KEEGAN NANCY EATON  4007 Valley Haven  Kingwood TX 77339	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KEEGAN NANCY EATON  4007 Valley Haven  Kingwood TX 77339	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KEEGAN NANCY EATON  4007 Valley Haven  Kingwood TX 77339	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KEENEY DANIEL M.  647 Hickory View Ct  Westerville OH 43081	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 24.71	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Mgr. State Govt Affairs	<b>Aggregate Year-to-Date</b> > \$ 532.28		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>279 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> KEENEY DANIEL M.  647 Hickory View Ct  Westerville OH 43081	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 24.71		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Mgr. State Govt Affairs	<b>Aggregate Year-to-Date</b> > \$ 558.99			
<b>Full Name, Mailing Address, and ZIP Code</b> KEENEY DANIEL M.  647 Hickory View Ct  Westerville OH 43081	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 24.71		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Mgr. State Govt Affairs	<b>Aggregate Year-to-Date</b> > \$ 581.70			
<b>Full Name, Mailing Address, and ZIP Code</b> KEENEY THOMAS E.  948 Township Road 1233  Proctorville OH 45669	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.33		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 440.38			
<b>Full Name, Mailing Address, and ZIP Code</b> KEENEY THOMAS E.  948 Township Road 1233  Proctorville OH 45669	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.33		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 460.69			
<b>Full Name, Mailing Address, and ZIP Code</b> KEENEY THOMAS E.  948 Township Road 1233  Proctorville OH 45669	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.33		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 481.02			
<b>Full Name, Mailing Address, and ZIP Code</b> KEES RONALD STANFORD  125 Deercrest Circle  Franklin TN 37069	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> KEES RONALD STANFORD  125 Deercrest Circle  Franklin TN 37069	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 230.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>280 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KEES RONALD STANFORD  125 Deercrest Circle  Franklin TN 37060  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KELLEHER DENNIS L.  5600 Crossfield Dr  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Prin Clin Rsch Scientist		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> KELLEHER DENNIS L.  5600 Crossfield Dr  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Prin Clin Rsch Scientist		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> KELLEHER DENNIS L.  5600 Crossfield Dr  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Prin Clin Rsch Scientist		
	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> KELLEY KERRY L.  12329 Ashton Mill Ter  Glen Allen VA 23059  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 22.50
	Occupation Sr. Account Manager		
	Aggregate Year-to-Date > \$ 484.14		
<b>Full Name, Mailing Address, and ZIP Code</b> KELLEY KERRY L.  12329 Ashton Mill Ter  Glen Allen VA 23059  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 22.50
	Occupation Sr. Account Manager		
	Aggregate Year-to-Date > \$ 506.64		
<b>Full Name, Mailing Address, and ZIP Code</b> KELLEY KERRY L.  12329 Ashton Mill Ter  Glen Allen VA 23059  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 22.50
	Occupation Sr. Account Manager		
	Aggregate Year-to-Date > \$ 529.14		

**SUBTOTALS** of Receipts This Page (Optional) .....

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



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>281 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> KELLY ALBERT C.  10820 Ranchette Blvd  Montgomery AL 36117	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> KELLY ALBERT C.  10520 Ranchette Blvd  Montgomery AL 36117	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> KELLY ALBERT C.  10820 Ranchette Blvd  Montgomery AL 36117	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> KELLY TARA  2000 Greenbriar Dr  Wilmington DE 19810	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.19	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 220.16		
<b>Full Name, Mailing Address, and ZIP Code</b> KELLY TARA  2000 Greenbriar Dr  Wilmington DE 19810	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.19	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 230.35		
<b>Full Name, Mailing Address, and ZIP Code</b> KELLY TARA  2000 Greenbriar Dr  Wilmington DE 19810	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.19	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 240.54		
<b>Full Name, Mailing Address, and ZIP Code</b> KELLY TERRENCE C.  11328 Autumn Ridge Drive  Orland Park IL 60467	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 220.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>282 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KELLY TERRENCE C.  11328 Autumn Ridge Drive  Orland Park IL 60467	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KELLY TERRENCE C.  11328 Autumn Ridge Drive  Orland Park IL 60467	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KEMP MARSHALL K.  6008 Atkins Farm Ct  Raleigh NC 27606	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.87
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 365.50		
<b>Full Name, Mailing Address, and ZIP Code</b> KEMP MARSHALL K.  6008 Atkins Farm Ct  Raleigh NC 27606	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.87
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 382.37		
<b>Full Name, Mailing Address, and ZIP Code</b> KEMP MARSHALL K.  6008 Atkins Farm Ct  Raleigh NC 27606	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.87
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 399.24		
<b>Full Name, Mailing Address, and ZIP Code</b> KEMPIS WILLIAM A.  3746 Farm Hill Blvd  Redwood City CA 94061	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> KEMPIS WILLIAM A.  3746 Farm Hill Blvd  Redwood City CA 94061	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>283 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KEMPIS WILLIAM A.  3745 Farn Hill Blvd  Redwood City CA 94061	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> KENNEDY PAUL K.  4019 Hill Rd  North Tonawanda NY 14120	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> KENNEDY PAUL K.  4019 Hill Rd  North Tonawanda NY 14120	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> KENNEDY PAUL K.  4019 Hill Rd  North Tonawanda NY 14120	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> KENNY ANNE M.  Five Moore Drive  Res. Triangle Park NC 27709	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.33
	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 195.97		
<b>Full Name, Mailing Address, and ZIP Code</b> KENNY ANNE M.  Five Moore Drive  Res. Triangle Park NC 27709	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.33
	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 206.30		
<b>Full Name, Mailing Address, and ZIP Code</b> KENNY ANNE M.  Five Moore Drive  Res. Triangle Park NC 27709	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.33
	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 216.63		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	284 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> KENT RICHARD S.  8323 Burns Pl  Chapel Hill NC 27516		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 144.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> VP Us Medical Ops & Cmo		<b>Aggregate Year-to-Date</b> > \$ 1713.72	
<b>Full Name, Mailing Address, and ZIP Code</b> KERR JAMES D.  115 S. Forrest Ridge Blvd.  Broken Arrow OK 74014		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 418.74	
<b>Full Name, Mailing Address, and ZIP Code</b> KERR JAMES D.  115 S. Forrest Ridge Blvd.  Broken Arrow OK 74014		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 439.91	
<b>Full Name, Mailing Address, and ZIP Code</b> KERR JAMES D.  115 S. Forrest Ridge Blvd.  Broken Arrow OK 74014		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 460.08	
<b>Full Name, Mailing Address, and ZIP Code</b> KERSHAW STEPHEN W.  9 Douglas Dr  Mansfield MA 02048		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> KERSHAW STEPHEN W.  9 Douglas Dr  Mansfield MA 02048		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> KERSHAW STEPHEN W.  9 Douglas Dr  Mansfield MA 02048		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 200.16	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>285 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> KERZMAN JOHN P  420 Brook Ave  Moorhead MN 56560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KERZMAN JOHN P  420 Brook Ave  Moorhead MN 56560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KERZMAN JOHN P  420 Brook Ave  Moorhead MN 56560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KIEFER SHARON P.  425 Westminster Ave  Haddonfield NJ 08030  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 278.14	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.18	
<b>Full Name, Mailing Address, and ZIP Code</b> KIEFER SHARON P.  425 Westminster Ave  Haddonfield NJ 08030  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 291.32	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.18	
<b>Full Name, Mailing Address, and ZIP Code</b> KIEFER SHARON P.  425 Westminster Ave  Haddonfield NJ 08030  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 304.50	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.18	
<b>Full Name, Mailing Address, and ZIP Code</b> KIERNAN JAMES P.  744 Malvern Hill Dr  Macon GA 31204  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 238.18	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.87	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>286 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KIERNAN JAMES P.  744 Malvern Hill Dr  Macon GA 31204	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.87
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 249.05		
<b>Full Name, Mailing Address, and ZIP Code</b> KIERNAN JAMES P.  744 Malvern Hill Dr  Macon GA 31204	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.87
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 259.92		
<b>Full Name, Mailing Address, and ZIP Code</b> KIKKAWA LORI T.  340h Kawaihae St.  Honolulu HI 96825	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.73
	Occupation Sr. Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 231.88		
<b>Full Name, Mailing Address, and ZIP Code</b> KIKKAWA LORI T.  340h Kawaihae St.  Honolulu HI 96825	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.73
	Occupation Sr. Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 242.59		
<b>Full Name, Mailing Address, and ZIP Code</b> KIKKAWA LORI T.  340h Kawaihae St.  Honolulu HI 96825	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.73
	Occupation Sr. Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 253.32		
<b>Full Name, Mailing Address, and ZIP Code</b> KILIAN HEIKE A.  4138 Hidden Oaks Rd  Santa Barbara CA 93105	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.64
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 194.61		
<b>Full Name, Mailing Address, and ZIP Code</b> KILIAN HEIKE A.  4138 Hidden Oaks Rd  Santa Barbara CA 93105	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.64
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 203.25		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>287 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KILIAN HEIKE A.  4138 Hidden Oaks Rd  Santa Barbara CA 93105  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.64
	Occupation Sr. Executive Sales Rep - Tax		
	Aggregate Year-to-Date > \$ 211.89		
<b>Full Name, Mailing Address, and ZIP Code</b> KILMER LAURIE A.  5470 Huron Hills Dr  Commerce Township MI 48382  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.41
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date > \$ 272.38		
<b>Full Name, Mailing Address, and ZIP Code</b> KILMER LAURIE A.  5470 Huron Hills Dr  Commerce Township MI 48382  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.41
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date > \$ 285.79		
<b>Full Name, Mailing Address, and ZIP Code</b> KILMER LAURIE A.  5470 Huron Hills Dr  Commerce Township MI 48382  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.41
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date > \$ 299.20		
<b>Full Name, Mailing Address, and ZIP Code</b> KILPATRICK YVONNE K.  409 W 13th St  Pueblo CO 81003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.96
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date > \$ 215.70		
<b>Full Name, Mailing Address, and ZIP Code</b> KILPATRICK YVONNE K.  409 W 13th St  Pueblo CO 81003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.96
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date > \$ 225.66		
<b>Full Name, Mailing Address, and ZIP Code</b> KILPATRICK YVONNE K.  409 W 13th St  Pueblo CO 81003  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.96
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date > \$ 235.62		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>288 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KIMBROUGH JOHN ARNOLD  Glaxo Wellcome Inc.  Sacramento CA 95814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  23.58
	Occupation Sr. Mgr. State Govt Affairs	Aggregate Year-to-Date > \$ 508.72	
	<b>Full Name, Mailing Address, and ZIP Code</b> KIMBROUGH JOHN ARNOLD  Glaxo Wellcome Inc.  Sacramento CA 95814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  23.58
Occupation Sr. Mgr. State Govt Affairs		Aggregate Year-to-Date > \$ 532.30	
<b>Full Name, Mailing Address, and ZIP Code</b> KIMBROUGH JOHN ARNOLD  Glaxo Wellcome Inc.  Sacramento CA 95814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  23.58
Occupation Sr. Mgr. State Govt Affairs		Aggregate Year-to-Date > \$ 555.88	
<b>Full Name, Mailing Address, and ZIP Code</b> KING DANNY R.  1213 County Rd. 182e  Overton TX 75684  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  12.14
Occupation Executive		Aggregate Year-to-Date > \$ 194.24	
<b>Full Name, Mailing Address, and ZIP Code</b> KING DANNY R.  1213 County Rd. 182e  Overton TX 75684  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  12.14
Occupation Executive		Aggregate Year-to-Date > \$ 206.38	
<b>Full Name, Mailing Address, and ZIP Code</b> KING DANNY R.  1213 County Rd. 182e  Overton TX 75684  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  12.14
Occupation Executive		Aggregate Year-to-Date > \$ 218.52	
<b>Full Name, Mailing Address, and ZIP Code</b> KING KENNETH J.  3416 First Place  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  66.67
Occupation VP Commercial Ops Is (d)		Aggregate Year-to-Date > \$ 800.03	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>289 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> KING KIMBERLEY M.  2602 Southwick Dr  Greensboro NC 27455  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 258.78	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.03		
<b>Full Name, Mailing Address, and ZIP Code</b> KING KIMBERLEY M.  2602 Southwick Dr  Greensboro NC 27455  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 271.78	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.03		
<b>Full Name, Mailing Address, and ZIP Code</b> KING KIMBERLEY M.  2602 Southwick Dr  Greensboro NC 27455  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 284.82	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.03		
<b>Full Name, Mailing Address, and ZIP Code</b> KING MARY F.  3512 Lynnbrook Ln  Kingsport TN 37664  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 305.18	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.09		
<b>Full Name, Mailing Address, and ZIP Code</b> KING MARY F.  3512 Lynnbrook Ln  Kingsport TN 37664  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 319.27	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.09		
<b>Full Name, Mailing Address, and ZIP Code</b> KING MARY F.  3512 Lynnbrook Ln  Kingsport TN 37664  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 333.36	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.09		
<b>Full Name, Mailing Address, and ZIP Code</b> KING MICHAEL B.  168 Williamstown Way  Columbia SC 29212  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 210.38	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	290 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> KING MICHAEL B.  169 Williamstown Way  Columbia SC 29212		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 218.70			
<b>Full Name, Mailing Address, and ZIP Code</b> KING MICHAEL B.  169 Williamstown Way  Columbia SC 29212		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 227.04			
<b>Full Name, Mailing Address, and ZIP Code</b> KINNEY JAMIE A.  4825 Quebec St Nw  Washington DC 20016		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 166.82
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> VP Fed Govt Rel & Pub Policy			
		<b>Aggregate Year-to-Date</b> > \$ 1987.23			
<b>Full Name, Mailing Address, and ZIP Code</b> KINSLOW EMILY A.  801 Legacy Drive Apt. 2512  Plano TX 75023		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> KINSLOW EMILY A.  801 Legacy Drive Apt. 2512  Plano TX 75023		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> KINSLOW EMILY A.  801 Legacy Drive Apt. 2512  Plano TX 75023		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> KIRBY SCOTT C.  208 Stone Hedge Ct  Holy Springs NC 27540		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.85
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sales & Mktg Assoc II			
		<b>Aggregate Year-to-Date</b> > \$ 279.34			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>291 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KIRBY SCOTT C.  209 Stone Hedge Ct  Holy Springs NC 27540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.85
	Occupation Sales & Mktg Assoc II		
	Aggregate Year-to-Date > \$ 292.19		
<b>Full Name, Mailing Address, and ZIP Code</b> KIRBY SCOTT C.  209 Stone Hedge Ct  Holy Springs NC 27540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.85
	Occupation Sales & Mktg Assoc II		
	Aggregate Year-to-Date > \$ 305.04		
<b>Full Name, Mailing Address, and ZIP Code</b> KIRCHNER GLENN W.  209 Greensview Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> KIRCHNER GLENN W.  209 Greensview Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> KIRCHNER GLENN W.  209 Greensview Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> KIRK MITCHELL A.  21061 Gale Maternal  Lake Forest CA 92630  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 27.29
	Occupation Sr. Account Manager		
	Aggregate Year-to-Date > \$ 588.04		
<b>Full Name, Mailing Address, and ZIP Code</b> KIRK MITCHELL A.  21061 Gale Maternal  Lake Forest CA 92630  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 27.29
	Occupation Sr. Account Manager		
	Aggregate Year-to-Date > \$ 615.33		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	292 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> KIRK MITCHELL A.  21061 Calle Matamor  Lake Forest CA 92630		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 27.29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Account Manager		<b>Aggregate Year-to-Date</b> > \$ 643.62	
<b>Full Name, Mailing Address, and ZIP Code</b> KLAPISH TIMOTHY A.  8608 Carriage Tour Ln  Raleigh NC 27815		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Sales - Care Mgmt		<b>Aggregate Year-to-Date</b> > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> KLAPISH TIMOTHY A.  8608 Carriage Tour Ln  Raleigh NC 27815		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Sales - Care Mgmt		<b>Aggregate Year-to-Date</b> > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> KLAPISH TIMOTHY A.  8608 Carriage Tour Ln  Raleigh NC 27815		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Sales - Care Mgmt		<b>Aggregate Year-to-Date</b> > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> KLEIN BARRY  5743 Sierra Dr  Ft. Collins CO 80526		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 325.08	
<b>Full Name, Mailing Address, and ZIP Code</b> KLEIN BARRY  5743 Sierra Dr  Ft. Collins CO 80526		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 333.42	
<b>Full Name, Mailing Address, and ZIP Code</b> KLEIN BARRY  5743 Sierra Dr  Ft. Collins CO 80526		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 341.78	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		293 / 631
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> KLEIN SCOTTIE B  1000 South Harbour Island #2301  Tampa FL 33602  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KLEIN SCOTTIE B  1000 South Harbour Island #2301  Tampa FL 33602  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KLEIN SCOTTIE B  1000 South Harbour Island #2301  Tampa FL 33602  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KLIMAS DEAN A.  177 Highview Dr  Pittsburgh PA 15241  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 311.38	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.41	
<b>Full Name, Mailing Address, and ZIP Code</b> KLIMAS DEAN A.  177 Highview Dr  Pittsburgh PA 15241  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 325.79	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.41	
<b>Full Name, Mailing Address, and ZIP Code</b> KLIMAS DEAN A.  177 Highview Dr  Pittsburgh PA 15241  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 340.20	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.41	
<b>Full Name, Mailing Address, and ZIP Code</b> KNIGHT BRIAN K.  2505 W/ Orchard Ave  Nampa ID 83651  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 218.02	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.85	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>294 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KNIGHT BRIAN K.  2505 W Orchard Ave  Nampa ID 83651	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.85
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 225.97		
<b>Full Name, Mailing Address, and ZIP Code</b> KNIGHT BRIAN K.  2505 W Orchard Ave  Nampa ID 83651	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.55
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 235.82		
<b>Full Name, Mailing Address, and ZIP Code</b> KNIGHT G. GORDON  Po Box 267  Whitehall NY 12887	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KNIGHT G. GORDON  Po Box 267  Whitehall NY 12887	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KNIGHT G. GORDON  Po Box 267  Whitehall NY 12887	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KNOPE PHILLIP S.  111 Green Ave  Bay City MI 48708	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.43
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 248.52		
<b>Full Name, Mailing Address, and ZIP Code</b> KNOPE PHILLIP S.  111 Green Ave  Bay City MI 48708	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.43
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 259.95		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>295 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> KNOPE PHILLIP S.  111 Green Ave  Bay City MI 48708  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 271.38	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  11.43	
<b>Full Name, Mailing Address, and ZIP Code</b> KNUPP RICHARD S.  6523 Baywood Dr  Harrisburg PA 17111  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 313.04	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  14.48	
<b>Full Name, Mailing Address, and ZIP Code</b> KNUPP RICHARD S.  6523 Baywood Dr  Harrisburg PA 17111  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 328.39	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  15.35	
<b>Full Name, Mailing Address, and ZIP Code</b> KNUPP RICHARD S.  6523 Baywood Dr  Harrisburg PA 17111  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 343.74	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  15.35	
<b>Full Name, Mailing Address, and ZIP Code</b> KOCHERSPERGER JOHN T.  156 Anya Rd  Corrales NM 87046  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KOCHERSPERGER JOHN T.  156 Anya Rd  Corrales NM 87046  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KOCHERSPERGER JOHN T.  156 Anya Rd  Corrales NM 87046  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>296 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> KOENECKE MARY PEDERSON  5567 Bristol Ln  Minnetonka MN 55343  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Reg Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 401.88	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.83	
<b>Full Name, Mailing Address, and ZIP Code</b> KOENECKE MARY PEDERSON  5567 Bristol Ln  Minnetonka MN 55343  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Reg Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 422.68	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.83	
<b>Full Name, Mailing Address, and ZIP Code</b> KOENECKE MARY PEDERSON  5567 Bristol Ln  Minnetonka MN 55343  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Reg Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 443.52	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.83	
<b>Full Name, Mailing Address, and ZIP Code</b> KOLKE KEITH D.  215 Gloucester Dr  Medina OH 44256  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KOLKE KEITH D.  215 Gloucester Dr  Medina OH 44256  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KOLKE KEITH D.  215 Gloucester Dr  Medina OH 44256  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KOLZE NEAL T.  154 Oregon Trl  Pine Bush NY 12566  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 375.30	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>297 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KOLZE NEAL T.  154 Oregon Trl  Pine Bush NY 12566  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  17.34
	Occupation Sr. Executive Sales Rep - Tas	Aggregate Year-to-Date > \$ 392.64	
	<b>Full Name, Mailing Address, and ZIP Code</b> KOLZE NEAL T.  154 Oregon Trl  Pine Bush NY 12566  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  17.34
Occupation Sr. Executive Sales Rep - Tas		Aggregate Year-to-Date > \$ 408.88	
<b>Full Name, Mailing Address, and ZIP Code</b> KOMANECKY ANNE LUISE  135 Monterey Rd  Rochester NY 14618  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.34
Occupation District Sales Manager		Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> KOMANECKY ANNE LUISE  135 Monterey Rd  Rochester NY 14618  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
Occupation District Sales Manager		Aggregate Year-to-Date > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> KOMANECKY ANNE LUISE  135 Monterey Rd  Rochester NY 14618  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  8.34
Occupation District Sales Manager		Aggregate Year-to-Date > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> KOMANECKY ANNE LUISE  135 Monterey Rd  Rochester NY 14618  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.34
Occupation Executive Sales Rep - Onc/Hiv		Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> KONECNY MARC J.  9143 Greenbrier Ct  Davie FL 33328  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
Occupation Executive Sales Rep - Onc/Hiv		Aggregate Year-to-Date > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> KONECNY MARC J.  9143 Greenbrier Ct  Davie FL 33328  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>298 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> KONECNY MARC J.  9143 Greenbrier Ct  Davie FL 33328	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 200.18			
<b>Full Name, Mailing Address, and ZIP Code</b> KORNEGAY MICHAEL R.  583 Luby Smith Rd  Princeton NC 27569	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.47		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 226.20			
<b>Full Name, Mailing Address, and ZIP Code</b> KORNEGAY MICHAEL R.  583 Luby Smith Rd  Princeton NC 27569	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.47		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 238.67			
<b>Full Name, Mailing Address, and ZIP Code</b> KORNEGAY MICHAEL R.  583 Luby Smith Rd  Princeton NC 27569	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.47		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 247.14			
<b>Full Name, Mailing Address, and ZIP Code</b> KOSEK DAVID P.  41 Continental Ln  Titusville NJ 08560	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.66		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 254.84			
<b>Full Name, Mailing Address, and ZIP Code</b> KOSEK DAVID P.  41 Continental Ln  Titusville NJ 08560	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.66		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 266.50			
<b>Full Name, Mailing Address, and ZIP Code</b> KOSEK DAVID P.  41 Continental Ln  Titusville NJ 08560	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.66		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 278.18			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>299 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KOSS KIMBERLY A.  9 Ryan Road  Toland CT 06084	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.18
	Occupation Executive Sales Rep - Inst		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> KOSS KIMBERLY A.  9 Ryan Road  Toland CT 06084	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.18
	Occupation Executive Sales Rep - Inst		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> KOSS KIMBERLY A.  9 Ryan Road  Toland CT 06084	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.18
	Occupation Executive Sales Rep - Inst		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> KOWALSKI ANDREW R.  6 Tomkins Ct  Commack NY 11725	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.02
	Occupation Executive Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> KOWALSKI ANDREW R.  6 Tomkins Ct  Commack NY 11725	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.02
	Occupation Executive Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> KOWALSKI ANDREW R.  6 Tomkins Ct  Commack NY 11725	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.02
	Occupation Executive Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> KRAL JEFFREY ALLEN  2077 Misty Sunrise Trail  Sarasota FL 34240	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>300 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> KRAL JEFFREY ALLEN  2077 Misty Sunrise Trail  Sarasota FL 34240  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KRAL JEFFREY ALLEN  2077 Misty Sunrise Trail  Sarasota FL 34240  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KRAMARIC MARGARET E.  492 McGregor Dr  West Chester PA 19380  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KRAMARIC MARGARET E.  492 McGregor Dr  West Chester PA 19380  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KRAMARIC MARGARET E.  492 McGregor Dr  West Chester PA 19380  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KRAMER CHARLES E.  820 York St  Lodi CA 95240  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> KRAMER CHARLES E.  820 York St  Lodi CA 95240  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>301 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KRAMER CHARLES E.  820 York St  Lodi CA 95240	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> KRAUSE KIM L.  17 Ferguson Dr.  Great Falls MT 59405	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> KRAUSE KIM L.  17 Ferguson Dr.  Great Falls MT 59405	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> KRAUSE KIM L.  17 Ferguson Dr.  Great Falls MT 59405	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> KREBILL ROBERT E.  4210 Honeycreek Avenue Ne  Ada MI 49301	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Account Mgr.		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> KREBILL ROBERT E.  4210 Honeycreek Avenue Ne  Ada MI 49301	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Account Mgr.		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> KREBILL ROBERT E.  4210 Honeycreek Avenue Ne  Ada MI 49301	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Account Mgr.		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.16			

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>302 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KREGER NANCY  106 Glenrose Lane  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Dir. Business Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KREGER NANCY  106 Glenrose Lane  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Dir. Business Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KREGER NANCY  106 Glenrose Lane  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Dir. Business Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KRINSKY DINA I.  11211 Ne 108th Pl  Kirkland WA 98033	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.18
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.30		
<b>Full Name, Mailing Address, and ZIP Code</b> KRINSKY DINA I.  11211 Ne 108th Pl  Kirkland WA 98033	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.18
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.48		
<b>Full Name, Mailing Address, and ZIP Code</b> KRINSKY DINA I.  11211 Ne 108th Pl  Kirkland WA 98033	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.18
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.66		
<b>Full Name, Mailing Address, and ZIP Code</b> KRIZANCIC SUSAN K.  5521 Country Club Ln  Hamburg NY 14075	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 18.25
	Occupation Mgr. National Accounts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 394.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>303 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KRIZANCIC SUSAN K.  5521 Country Club Ln  Hamburg NY 14075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  18.25
	Occupation Mgr. National Accounts	Aggregate Year-to-Date > \$ 412.73	
<b>Full Name, Mailing Address, and ZIP Code</b> KRIZANCIC SUSAN K.  5521 Country Club Ln  Hamburg NY 14075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  18.25
	Occupation Mgr. National Accounts	Aggregate Year-to-Date > \$ 430.88	
<b>Full Name, Mailing Address, and ZIP Code</b> KROPP CARL LEE  Chelsea Ridge Apts #59c  Wappingers Falls NY 12590  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  9.16
	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 197.44	
<b>Full Name, Mailing Address, and ZIP Code</b> KROPP CARL LEE  Chelsea Ridge Apts #59c  Wappingers Falls NY 12590  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  9.16
	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 206.60	
<b>Full Name, Mailing Address, and ZIP Code</b> KROPP CARL LEE  Chelsea Ridge Apts #59c  Wappingers Falls NY 12590  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  9.16
	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 215.76	
<b>Full Name, Mailing Address, and ZIP Code</b> KRUMBEIN LEWIS H.  804 Hillshire Dr  Birmingham AL 35244  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  24.65
	Occupation Sr. Account Manager	Aggregate Year-to-Date > \$ 531.44	
<b>Full Name, Mailing Address, and ZIP Code</b> KRUMBEIN LEWIS H.  804 Hillshire Dr  Birmingham AL 35244  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  24.65
	Occupation Sr. Account Manager	Aggregate Year-to-Date > \$ 556.09	

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>304 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> KRUMBEIN LEWIS H.  804 Hillshire Dr  Birmingham AL 35244  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Account Manager  Aggregate Year-to-Date > \$ 580.74	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 24.65	
<b>Full Name, Mailing Address, and ZIP Code</b> KRUSE LARRY D.  1505 Nw Wildwood Dr  Blue Springs MD 21015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Mgr. State Govt Affairs  Aggregate Year-to-Date > \$ 526.54	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 24.40	
<b>Full Name, Mailing Address, and ZIP Code</b> KRUSE LARRY D.  1505 Nw Wildwood Dr  Blue Springs MD 21015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Mgr. State Govt Affairs  Aggregate Year-to-Date > \$ 550.94	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 24.40	
<b>Full Name, Mailing Address, and ZIP Code</b> KRUSE LARRY D.  1505 Nw Wildwood Dr  Blue Springs MD 21015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Mgr. State Govt Affairs  Aggregate Year-to-Date > \$ 575.34	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 24.40	
<b>Full Name, Mailing Address, and ZIP Code</b> KUO GRACE  201 15th St  Manhattan Beach CA 90266  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Exec Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KUO GRACE  201 15th St  Manhattan Beach CA 90266  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Exec Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> KUO GRACE  201 15th St  Manhattan Beach CA 90266  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Exec Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>305 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KURTZ JOANN  95 Robin Ct  Howell MI 48843  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> KURTZ JOANN  95 Robin Ct  Howell MI 48843  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> KURTZ JOANN  95 Robin Ct  Howell MI 48843  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> KUTCH KENNETH A.  6001 Chestnut Hill Dr  Glen Allen VA 23060  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> KUTCH KENNETH A.  6001 Chestnut Hill Dr  Glen Allen VA 23060  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> KUTCH KENNETH A.  6001 Chestnut Hill Dr  Glen Allen VA 23060  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> KUTZ ELIZABETH D.  1809 W Quincy St  Pittsburg KS 66762  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.55
	Occupation Sr. Executive Sales Rep		
	Aggregate Year-to-Date > \$ 314.04		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>306 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> KUTZ ELIZABETH D.  1809 W Quincy St  Pittsburg KS 66762	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.55
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 328.59		
<b>Full Name, Mailing Address, and ZIP Code</b> KUTZ ELIZABETH D.  1809 W Quincy St  Pittsburg KS 66762	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.55
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 343.14		
<b>Full Name, Mailing Address, and ZIP Code</b> KVANVIG TIMOTHY K.  2505 Eddystone Dr  Raleigh NC 27612	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Dir. Ww R&d Is Infrastructure		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KVANVIG TIMOTHY K.  2505 Eddystone Dr  Raleigh NC 27612	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Dir. Ww R&d Is Infrastructure		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KVANVIG TIMOTHY K.  2505 Eddystone Dr  Raleigh NC 27612	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Dir. Ww R&d Is Infrastructure		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LABOY RAFAEL E.  13289 Sw 40th Ter  Miami FL 33175	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.00
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 346.66		
<b>Full Name, Mailing Address, and ZIP Code</b> LABOY RAFAEL E.  13289 Sw 40th Ter  Miami FL 33175	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.00
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 362.66		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>307 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> LABOY RAFAEL E.  13288 Sw 40th Ter  Miami FL 33175	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 378.68			
<b>Full Name, Mailing Address, and ZIP Code</b> LACA GASPAR  11838 N 137th Way  Scottsdale AZ 85259	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. State Govt Affairs	Aggregate Year-to-Date > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> LACA GASPAR  11838 N 137th Way  Scottsdale AZ 85259	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. State Govt Affairs	Aggregate Year-to-Date > \$ 230.00			
<b>Full Name, Mailing Address, and ZIP Code</b> LACA GASPAR  11838 N 137th Way  Scottsdale AZ 85259	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. State Govt Affairs	Aggregate Year-to-Date > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> LAFLAM RENEE  3100 Maple Ridge Ct.  Henderson NV 89012	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> LAFLAM RENEE  3100 Maple Ridge Ct.  Henderson NV 89012	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> LAFLAM RENEE  3100 Maple Ridge Ct.  Henderson NV 89012	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 200.16			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>308 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> LAMACCHIA THERESA MARY  68 Sunset Tr  Bronx NY 10465  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 213.34	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.85		
<b>Full Name, Mailing Address, and ZIP Code</b> LAMACCHIA THERESA MARY  68 Sunset Tr  Bronx NY 10465  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 223.18	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.85		
<b>Full Name, Mailing Address, and ZIP Code</b> LAMACCHIA THERESA MARY  68 Sunset Tr  Bronx NY 10465  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 233.04	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.85		
<b>Full Name, Mailing Address, and ZIP Code</b> LAMB JAMES W.  12725 E Jenan Dr  Scottsdale AZ 85259  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LAMB JAMES W.  12725 E Jenan Dr  Scottsdale AZ 85259  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LAMB JAMES W.  12725 E Jenan Dr  Scottsdale AZ 85259  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LAMBDDIN SCOTT C.  733 35 6th Rd  Palisade CO 81526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 222.20	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>309 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> LAMBDM SCOTT C.  733 35 6/10 Rd  Palisade CO 81526	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 230.54			
<b>Full Name, Mailing Address, and ZIP Code</b> LAMBDM SCOTT C.  733 35 6/10 Rd  Palisade CO 81526	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 238.88			
<b>Full Name, Mailing Address, and ZIP Code</b> LAMBERT BRENDA M.  2601 Salisbury Pln  Raleigh NC 27613	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.20
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 228.20			
<b>Full Name, Mailing Address, and ZIP Code</b> LAMBERT BRENDA M.  2601 Sallsbury Pln  Raleigh NC 27613	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.20
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 240.40			
<b>Full Name, Mailing Address, and ZIP Code</b> LAMBERT BRENDA M.  2601 Salisbury Pln  Raleigh NC 27813	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.20
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 252.60			
<b>Full Name, Mailing Address, and ZIP Code</b> LAMEIER ANDREA R.  3286 Ashwood Dr  Cincinnati OH 45213	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> LAMEIER ANDREA R.  3286 Ashwood Dr  Cincinnati OH 45213	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 191.82			

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>310 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LAMEIER ANDREA R.  3286 Ashwood Dr  Cincinnati OH 45213  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LAMPMAN SEONA ANN  565 Acacia St  Morro Bay CA 93442  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LAMPMAN SEONA ANN  568 Acacia St  Morro Bay CA 93442  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LAMPMAN SEONA ANN  569 Acacia St  Morro Bay CA 93442  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LANDRETH DENNIS J.  14116 Allison Dr  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> VP Corporate Security  <b>Aggregate Year-to-Date</b> > \$ 216.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LANG JAMES R.  21 Windflower Place  Durham NC 27705  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Proj Dir. Post Apprvl Submis  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LANG JAMES R.  21 Windflower Place  Durham NC 27705  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Proj Dir. Post Apprvl Submis  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>311 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LANG JAMES R.  21 Windflower Place  Durham NC 27705  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Proj Dir. Post Apprvl Submis  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LANIER MELODIE N.  2249 Brisbayne Circle  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc III  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LANIER MELODIE N.  2249 Brisbayne Circle  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc III  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LANIER MELODIE N.  2249 Brisbayne Circle  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc III  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LANOTTE FRANK J.  32 Grace Ave  Shrewsbury MA 01545  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Account Mgr.  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LANOTTE FRANK J.  32 Grace Ave  Shrewsbury MA 01545  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Account Mgr.  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LANOTTE FRANK J.  32 Grace Ave  Shrewsbury MA 01545  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Account Mgr.  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>312 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				<b>FOR LINE NUMBER 11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LAPWORTH GARY C.  11512 159th Ave Ne  Redmond WA 98052  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LAPWORTH GARY C.  11512 159th Ave Ne  Redmond WA 98052  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LAPWORTH GARY C.  11512 159th Ave Ne  Redmond WA 98052  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LARKIN SCOTT KERR  3615 Noblett Dr  Conway AR 72032  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LARKIN SCOTT KERR  3615 Noblett Dr  Conway AR 72032  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LARKIN SCOTT KERR  3615 Noblett Dr  Conway AR 72032  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LASCARA VINCENT EDWARD  1605 Shadblow Ct  Virginia Beach VA 23454  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>313 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LASCARA VINCENT EDWARD  1605 Shadblow Ct  Virginia Beach VA 23454  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 151.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LASCARA VINCENT EDWARD  1605 Shadblow Ct  Virginia Beach VA 23454  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LAUBNER GRETCHEN  465 Country Club Rd  Camp Hill PA 17011  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LAUBNER GRETCHEN  465 Country Club Rd  Camp Hill PA 17011  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LAUBNER GRETCHEN  465 Country Club Rd  Camp Hill PA 17011  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LAWLESS DENISE D.  526 W Desert Flower Ln.  Phoenix AZ 85045  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Reg Prof Affairs  Aggregate Year-to-Date > \$ 206.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LAWLESS DENISE D.  526 W Desert Flower Ln.  Phoenix AZ 85045  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Reg Prof Affairs  Aggregate Year-to-Date > \$ 218.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>314 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LAWLESS DENISE D.  526 W Desert Flower Ln.  Phoenix AZ 85045  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Reg Prof Affairs  Aggregate Year-to-Date > \$ 228.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LAWRENCE FRANK T.  13507 Nvr 50th Ave  Vancouver WA 98685  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LAWRENCE FRANK T.  13807 Nvr 50th Ave  Vancouver WA 98685  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LAWRENCE FRANK T.  13907 Nw 50th Ave  Vancouver WA 98685  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LAYTON SUE LEVINSON  3207 Timberfield Ln  Baltimore MD 21208  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 284.76	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.86	
<b>Full Name, Mailing Address, and ZIP Code</b> LAYTON SUE LEVINSON  3207 Timberfield Ln  Baltimore MD 21208  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 298.62	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.86	
<b>Full Name, Mailing Address, and ZIP Code</b> LAYTON SUE LEVINSON  3207 Timberfield Ln  Baltimore MD 21208  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 312.48	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.86	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>315 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LAZALA MIGUEL  363 Stone Creek Dr  Bolingbrook IL 60440  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 275.14	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.70	
<b>Full Name, Mailing Address, and ZIP Code</b> LAZALA MIGUEL  363 Stone Creek Dr  Bolingbrook IL 60440  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 297.84	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.70	
<b>Full Name, Mailing Address, and ZIP Code</b> LAZALA MIGUEL  363 Stone Creek Dr  Bolingbrook IL 60440  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 300.54	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.70	
<b>Full Name, Mailing Address, and ZIP Code</b> LAZZARD STACEY MCKELDIN  24 Snowberry Court  Hunt Valley MD 21030  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 207.22	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.79	
<b>Full Name, Mailing Address, and ZIP Code</b> LEACH GREGORY RANDOL  1046 Hacienda Dr  Gilroy CA 95020  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LEACH GREGORY RANDOL  1046 Hacienda Dr  Gilroy CA 95020  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LEACH GREGORY RANDOL  1046 Hacienda Dr  Gilroy CA 95020  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>316 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LEACH JANET A.  14431 Orchard Springs Rd  Lake Oswego OR 97035  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 335.17	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.59	
<b>Full Name, Mailing Address, and ZIP Code</b> LEACH JANET A.  14431 Orchard Springs Rd  Lake Oswego OR 97035  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 344.76	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.59	
<b>Full Name, Mailing Address, and ZIP Code</b> LEACH JANET A.  14431 Orchard Springs Rd  Lake Oswego OR 97035  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 354.35	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.59	
<b>Full Name, Mailing Address, and ZIP Code</b> LEE JENNIFER SUZANNE  7304 Nw 131st  Oklahoma City OK 73142  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 246.44	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.42	
<b>Full Name, Mailing Address, and ZIP Code</b> LEE JENNIFER SUZANNE  7304 Nw 131st  Oklahoma City OK 73142  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 257.86	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.42	
<b>Full Name, Mailing Address, and ZIP Code</b> LEE JENNIFER SUZANNE  7304 Nw 131st  Oklahoma City OK 73142  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 269.28	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.42	
<b>Full Name, Mailing Address, and ZIP Code</b> LEE RUSSELL E.  1103 Evergreen Ave  Dolhan AL 36303  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 341.70	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.77	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>317 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LEE RUSSELL E.  1103 Evergreen Ave  Dothan AL 36303	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.77	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 357.47		
<b>Full Name, Mailing Address, and ZIP Code</b> LEE RUSSELL E.  1103 Evergreen Ave  Dothan AL 36303	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.77	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 373.24		
<b>Full Name, Mailing Address, and ZIP Code</b> LEECH SARAH J.  5708 N Norton Pl  Gladstone MO 64119	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 297.18		
<b>Full Name, Mailing Address, and ZIP Code</b> LEECH SARAH J.  5708 N Norton Pl  Gladstone MO 64119	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 310.88		
<b>Full Name, Mailing Address, and ZIP Code</b> LEECH SARAH J.  5708 N Norton Pl  Gladstone MO 64119	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 324.60		
<b>Full Name, Mailing Address, and ZIP Code</b> LEFF DESSIE A.  9605 W 191st St  Bucyrus KS 66013	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Regional Corp Health Mgr	<b>Aggregate Year-to-Date</b> > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LEFF DESSIE A.  9605 W 191st St  Bucyrus KS 66013	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Regional Corp Health Mgr	<b>Aggregate Year-to-Date</b> > \$ 230.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>318 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LEFF DESSIE A.  9605 W 191st St  Bucyrus KS 66013	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Regional Corp Health Mgr	<b>Aggregate Year-to-Date</b> > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LEFFERTS SUSAN L.  3 Bumham Ln  Dix Hills NY 11746	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> LEFFERTS SUSAN L.  3 Bumham Ln  Dix Hills NY 11746	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> LEFFERTS SUSAN L.  3 Bumham Ln  Dix Hills NY 11746	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> LEIBACH CHIPP RAYMOND  6459 Barclay Ct  Anchorage AK 99504	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  12.08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 234.57		
<b>Full Name, Mailing Address, and ZIP Code</b> LEIBACH CHIPP RAYMOND  6459 Barclay Ct  Anchorage AK 99504	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  12.08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 246.65		
<b>Full Name, Mailing Address, and ZIP Code</b> LEIBACH CHIPP RAYMOND  6459 Barclay Ct  Anchorage AK 99504	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  12.08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 258.73		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>319 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LEMONS JOHN W.  816 Glen Oaks Blvd  Dallas TX 75232	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> LEMONS JOHN W.  816 Glen Oaks Blvd  Dallas TX 75232	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> LEMONS JOHN W.  816 Glen Oaks Blvd  Dallas TX 75232	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> LEMPART-STANFA PAULA A.  4811 Chokeberry Dr  Naperville IL 60564	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.77	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc IV	<b>Aggregate Year-to-Date</b> > \$ 346.32		
<b>Full Name, Mailing Address, and ZIP Code</b> LEMPART-STANFA PAULA A.  4811 Chokeberry Dr  Naperville IL 60564	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.77	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc IV	<b>Aggregate Year-to-Date</b> > \$ 404.09		
<b>Full Name, Mailing Address, and ZIP Code</b> LEMPART-STANFA PAULA A.  4811 Chokeberry Dr  Naperville IL 60564	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.77	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc IV	<b>Aggregate Year-to-Date</b> > \$ 421.86		
<b>Full Name, Mailing Address, and ZIP Code</b> LENDZION ALAN A.  912 Westlyn Ct  Farmington MN 55024	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.68	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 361.28		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>320 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LENDZION ALAN A.  912 Westlyn Ct  Farmington MN 55024	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.68	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 377.94		
<b>Full Name, Mailing Address, and ZIP Code</b> LENDZION ALAN A.  912 Westlyn Ct  Farmington MN 55024	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.68	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 394.62		
<b>Full Name, Mailing Address, and ZIP Code</b> LEON EDWARD R.  108 Deer Valley Dr  Apex NC 27502	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Product Mgr. II	<b>Aggregate Year-to-Date</b> > \$ 431.92		
<b>Full Name, Mailing Address, and ZIP Code</b> LEON EDWARD R.  108 Deer Valley Dr  Apex NC 27502	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Product Mgr. II	<b>Aggregate Year-to-Date</b> > \$ 452.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LEON EDWARD R.  108 Deer Valley Dr  Apex NC 27502	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Product Mgr. II	<b>Aggregate Year-to-Date</b> > \$ 472.08		
<b>Full Name, Mailing Address, and ZIP Code</b> LEONARD FRANCIS P.  4477 Haven Ct  Zionsville IN 46077	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Market Development	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> LEONARD FRANCIS P.  4477 Haven Ct  Zionsville IN 46077	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Market Development	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>321 / 631</b> Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> LEONARD FRANCIS P.  4477 Haven Ct  Zionsville IN 46077  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 200.18		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LEONARD WILLIAM J.  103 Roe Ln  Port Jefferson NY 11777  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Sales Corp Accounts  <b>Aggregate Year-to-Date</b> > \$ 220.00		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LEONARD WILLIAM J.  103 Roe Ln  Port Jefferson NY 11777  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Sales Corp Accounts  <b>Aggregate Year-to-Date</b> > \$ 230.00		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LEONARD WILLIAM J.  103 Roe Ln  Port Jefferson NY 11777  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Sales Corp Accounts  <b>Aggregate Year-to-Date</b> > \$ 240.00		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LEPORE CHARLES A.  17786 Los Alamos  Fountain Valley CA 92708  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LEPORE CHARLES A.  17788 Los Alamos  Fountain Valley CA 92708  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LEPORE CHARLES A.  17786 Los Alamos  Fountain Valley CA 92708  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>322 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> LESTER MICHAEL J.  800 Broadway St  Normal IL 61761  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 381.94	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.53		
<b>Full Name, Mailing Address, and ZIP Code</b> LESTER MICHAEL J.  800 Broadway St  Normal IL 61761  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 399.47	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.53		
<b>Full Name, Mailing Address, and ZIP Code</b> LESTER MICHAEL J.  800 Broadway St  Normal IL 61761  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 417.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.53		
<b>Full Name, Mailing Address, and ZIP Code</b> LESTER RICHARD H.  5450 Sterling Way  Lake Oswego OR 97035  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 400.62	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.45		
<b>Full Name, Mailing Address, and ZIP Code</b> LESTER RICHARD H.  5450 Sterling Way  Lake Oswego OR 97035  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 419.07	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.45		
<b>Full Name, Mailing Address, and ZIP Code</b> LESTER RICHARD H.  5450 Sterling Way  Lake Oswego OR 97035  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 437.52	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.45		
<b>Full Name, Mailing Address, and ZIP Code</b> LEVY DAVID J.  1012 Missy Ln  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> VP & Intellect Prop Counsel  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.68		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>323 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS BRIAN K.  3171 Marigold Ct  Kettering OH 45440  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 255.40	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.09	
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS BRIAN K.  3171 Marigold Ct  Kettering OH 45440  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 309.49	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.09	
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS BRIAN K.  3171 Marigold Ct  Kettering OH 45440  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 323.58	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.09	
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS NANCY J.  1401 Blue Mount Rd  Monkton MD 21111  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 275.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.50	
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS NANCY J.  1401 Blue Mount Rd  Monkton MD 21111  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 287.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.50	
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS NANCY J.  1401 Blue Mount Rd  Monkton MD 21111  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.50	
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS ROBERT P.  7025 Lockwood Blvd  Youngstown OH 44512  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 378.80	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.48	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>324 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS ROBERT P.  7025 Lockwood Blvd  Youngstown OH 44512	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.48		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 358.28			
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS ROBERT P.  7025 Lockwood Blvd  Youngstown OH 44512	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.48		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 413.76			
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS STACEY C.  63 Pal St  Plainview NY 11803	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS STACEY C.  63 Pal St  Plainview NY 11803	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS STACEY C.  63 Pal St  Plainview NY 11803	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS STEPHANIE P.  9205 Potomac School Dr  Potomac MD 20854	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS STEPHANIE P.  9205 Potomac School Dr  Potomac MD 20854	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>325 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> LEWIS STEPHANIE P.  9205 Potomac School Dr  Potomac MD 20854	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> LICHTENBERGER NORMAN K.  165 Timber Ln  Marquette MI 49855	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.71
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 275.30		
<b>Full Name, Mailing Address, and ZIP Code</b> LICHTENBERGER NORMAN K.  185 Timber Ln  Marquette MI 49855	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.71
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 288.01		
<b>Full Name, Mailing Address, and ZIP Code</b> LICHTENBERGER NORMAN K.  185 Timber Ln  Marquette MI 49855	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.71
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.72		
<b>Full Name, Mailing Address, and ZIP Code</b> LILLY WILLIAM G.  10 Bevlyn Dr  Asheville NC 28803	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> LILLY WILLIAM G.  10 Bevlyn Dr  Asheville NC 28803	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> LILLY WILLIAM G.  10 Bevlyn Dr  Asheville NC 28803	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>326 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LINDEMON SUSAN DIBERARDO  307 Fox Hound Ct  Bel Air MD 21015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 210.34	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.58	
<b>Full Name, Mailing Address, and ZIP Code</b> LINDEMON SUSAN DIBERARDO  307 Fox Hound Ct  Bel Air MD 21015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.58	
<b>Full Name, Mailing Address, and ZIP Code</b> LINDEMON SUSAN DIBERARDO  307 Fox Hound Ct  Bel Air MD 21015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 231.50	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.58	
<b>Full Name, Mailing Address, and ZIP Code</b> LINDHOLM SCOTT T.  4741 Spring St  Davenport IA 52807  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LINDHOLM SCOTT T.  4741 Spring St  Davenport IA 52807  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LINDHOLM SCOTT T.  4741 Spring St  Davenport IA 52807  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LINEBERRY SCOTT  2188 Fambrook Common  Livermore CA 94550  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 222.88	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>327 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LINEBERRY SCOTT  2168 Fambrook Common  Livermore CA 94550  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 233.20	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LINEBERRY SCOTT  2168 Fambrook Common  Livermore CA 94550  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 243.54	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LIONBERGER VICKI H.  2508 Laburnum Ave  Roanoke VA 24015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 275.80	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.70	
<b>Full Name, Mailing Address, and ZIP Code</b> LIONBERGER VICKI H.  2508 Laburnum Ave  Roanoke VA 24015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 288.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.70	
<b>Full Name, Mailing Address, and ZIP Code</b> LIONBERGER VICKI H.  2508 Laburnum Ave  Roanoke VA 24015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 301.20	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.70	
<b>Full Name, Mailing Address, and ZIP Code</b> LITTLE TERESA L.  8424 Wycombe Ln  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Cost Accounting (d)  <b>Aggregate Year-to-Date</b> > \$ 418.32	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.62	
<b>Full Name, Mailing Address, and ZIP Code</b> LITTLE TERESA L.  8424 Wycombe Ln  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Cost Accounting (d)  <b>Aggregate Year-to-Date</b> > \$ 438.94	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.62	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>328 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LITTLE TERESA L.  8424 Wyoomba Ln  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Cost Accounting (cl)  <b>Aggregate Year-to-Date</b> > \$ 458.58	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  19.62	
<b>Full Name, Mailing Address, and ZIP Code</b> LIVA RENEE M.  1748 5th Ave  Moine IL 61265  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 238.85	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  9.85	
<b>Full Name, Mailing Address, and ZIP Code</b> LIVA RENEE M.  1746 8th Ave  Moine IL 61265  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 251.64	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  11.79	
<b>Full Name, Mailing Address, and ZIP Code</b> LOGAN JEANNINE MARIE  100 Cottage Grove  Peachtree City GA 30269  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 242.16	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  11.62	
<b>Full Name, Mailing Address, and ZIP Code</b> LOGAN JEANNINE MARIE  100 Cottage Grove  Peachtree City GA 30269  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 253.78	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  11.62	
<b>Full Name, Mailing Address, and ZIP Code</b> LOGAN JEANNINE MARIE  100 Cottage Grove  Peachtree City GA 30269  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 265.40	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  11.62	
<b>Full Name, Mailing Address, and ZIP Code</b> LOGAN JOSEPH MARION  100 Cottage Grove  Peachtree City GA 30269  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 260.62	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  12.24	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>329 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LOGAN JOSEPH MARION  100 Cottage Grove  Peachtree City GA 30260  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 272.88	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.24	
<b>Full Name, Mailing Address, and ZIP Code</b> LOGAN JOSEPH MARION  100 Cottage Grove  Peachtree City GA 30269  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 295.10	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.24	
<b>Full Name, Mailing Address, and ZIP Code</b> LONG CYNTHIA M.  3400 Brookside Way  Carmichael CA 95608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LONG CYNTHIA M.  3400 Brookside Way  Carmichael CA 95608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LONG CYNTHIA M.  3400 Brookside Way  Carmichael CA 95608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LONG DANIEL J.  2507 Quailview Dr  Chapel Hill NC 27516  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Grp. Dir. Strategic Ops  <b>Aggregate Year-to-Date</b> > \$ 205.64	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LONG DANIEL J.  2507 Quailview Dr  Chapel Hill NC 27516  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Grp. Dir. Strategic Ops  <b>Aggregate Year-to-Date</b> > \$ 213.98	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>330 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LONG DANIEL J.  2507 Quailview Dr  Chapel Hill NC 27516  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Grp. Dir. Strategic Ops  Aggregate Year-to-Date > \$ 222.32	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LONSBURY RICHARD A.  811 Tangle Way Ct  Cedar Hill TX 75104  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 245.74	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.17	
<b>Full Name, Mailing Address, and ZIP Code</b> LONSBURY RICHARD A.  811 Tangle Way Ct  Cedar Hill TX 75104  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 258.91	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.17	
<b>Full Name, Mailing Address, and ZIP Code</b> LONSBURY RICHARD A.  811 Tangle Way Ct  Cedar Hill TX 75104  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 268.08	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.17	
<b>Full Name, Mailing Address, and ZIP Code</b> LOONEY DEBORAH M.  3 Creastview Drive  Hampton Falls NH 03844  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LOONEY DEBORAH M.  3 Creastview Drive  Hampton Falls NH 03844  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LOONEY DEBORAH M.  3 Creastview Drive  Hampton Falls NH 03844  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>331 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> LOPEZ RAMON ALBERT  1 Knapp Ave Florham Park NJ 07932	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> LOPEZ RAMON ALBERT  1 Knapp Ave Florham Park NJ 07932	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> LOPEZ RAMON ALBERT  1 Knapp Ave Florham Park NJ 07932	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> LORD ROBERT M.  996 Hampton Gate Mobile AL 36609	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.97
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> LORD ROBERT M.  996 Hampton Gate Mobile AL 36809	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.97
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> LORD ROBERT M.  996 Hampton Gate Mobile AL 36809	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.97
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> LOVITT DONALD R.  1317 Honey Locust Ct Raleigh NC 27606	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Systems Mgr		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>332 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LOVITT DONALD R.  1317 Honey Locust Ct  Raleigh NC 27606  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Systems Mgr  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LOVITT DONALD R.  1317 Honey Locust Ct  Raleigh NC 27606  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Systems Mgr  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LOWRY CYNTHIA J.  1391 Sweetgum Circle  Keller TX 76248  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 298.28	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.77	
<b>Full Name, Mailing Address, and ZIP Code</b> LOWRY CYNTHIA J.  1391 Sweetgum Circle  Keller TX 76248  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 312.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.77	
<b>Full Name, Mailing Address, and ZIP Code</b> LOWRY CYNTHIA J.  1391 Sweetgum Circle  Keller TX 76248  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 325.80	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.77	
<b>Full Name, Mailing Address, and ZIP Code</b> LOWRY KENNETH R.  105 Esplanade Ct  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> VP Sales  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LUDENS STEVEN D.  1901 S Pender Ln  Sioux Falls SD 57105  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>333 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> LUDENS STEVEN D.  1901 S Pendar Ln  Sioux Falls SD 57105	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 151.82		
<b>Full Name, Mailing Address, and ZIP Code</b> LUDENS STEVEN D.  1901 S Pendar Ln  Sioux Falls SD 57105	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> LUGINBILL THOMAS J.  10128 Goodview Ct.  Raleigh NC 27613	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Dir. Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LUGINBILL THOMAS J.  10128 Goodview Ct.  Raleigh NC 27613	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Dir. Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LUGINBILL THOMAS J.  10128 Goodview Ct.  Raleigh NC 27613	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Dir. Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LUKER DYANE M.  2716 Barton Creek Blvd #2622  Austin TX 78735	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> LUKER DYANE M.  2716 Barton Creek Blvd #2622  Austin TX 78735	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>334 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LUKER DYANE M.  2716 Barton Creek Blvd #2522  Austin TX 78735  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tax  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> LUNCEFORD CHARLES G.  1384 E County Road 250n  Mattoon IL 61938  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 242.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  11.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LUNCEFORD CHARLES G.  1384 E County Road 250n  Mattoon IL 61938  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 253.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  11.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LUNCEFORD CHARLES G.  1384 E County Road 250n  Mattoon IL 61938  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 264.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  11.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LUNDBERG JOHN M.  2767 Monte Carlo Dr  Eustis FL 32726  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 326.04	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  15.09	
<b>Full Name, Mailing Address, and ZIP Code</b> LUNDBERG JOHN M.  2767 Monte Carlo Dr  Eustis FL 32726  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 341.13	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  15.09	
<b>Full Name, Mailing Address, and ZIP Code</b> LUNDBERG JOHN M.  2767 Monte Carlo Dr  Eustis FL 32726  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 356.22	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  15.09	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>335 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> LURIA CHERYL N  1341 W. Fullerton Ave. Pmb 308  Chicago IL 60614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  21.46
	Occupation Sr. Mgr. State Govt Affairs	Aggregate Year-to-Date > \$ 443.77	
	<b>Full Name, Mailing Address, and ZIP Code</b> LURIA CHERYL N  1341 W. Fullerton Ave. Pmb 308  Chicago IL 60614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  21.46
Occupation Sr. Mgr. State Govt Affairs		Aggregate Year-to-Date > \$ 465.23	
<b>Full Name, Mailing Address, and ZIP Code</b> LURIA CHERYL N  1341 W. Fullerton Ave. Pmb 308  Chicago IL 60614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  21.46
Occupation Sr. Mgr. State Govt Affairs		Aggregate Year-to-Date > \$ 486.69	
<b>Full Name, Mailing Address, and ZIP Code</b> LURIA ROBERT S.  12 Spruce Run  East Greenbush NY 12061  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  24.17
Occupation Sr. Mgr. State Govt Affairs		Aggregate Year-to-Date > \$ 522.02	
<b>Full Name, Mailing Address, and ZIP Code</b> LURIA ROBERT S.  12 Spruce Run  East Greenbush NY 12061  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  24.17
Occupation Sr. Mgr. State Govt Affairs		Aggregate Year-to-Date > \$ 546.19	
<b>Full Name, Mailing Address, and ZIP Code</b> LURIA ROBERT S.  12 Spruce Run  East Greenbush NY 12061  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  24.17
Occupation Sr. Mgr. State Govt Affairs		Aggregate Year-to-Date > \$ 570.36	
<b>Full Name, Mailing Address, and ZIP Code</b> LURIA ROBERT S.  12 Spruce Run  East Greenbush NY 12061  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.34
Occupation Sr. Executive Sales Rep		Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> LUSCO VINCENT CHARLEY  19102 Kelly Kay Court  Spring TX 77386  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	336 / 631 FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> LUSCO VINCENT CHARLEY  19102 Kelly Kay Court Spring TX 77388 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> LUSCO VINCENT CHARLEY  19102 Kelly Kay Court Spring TX 77388 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> LUTHER GREGORY J.  6 Grayan Ct Little Rock AR 72223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> LUTHER GREGORY J.  6 Grayan Ct Little Rock AR 72223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> LUTHER GREGORY J.  6 Grayan Ct Little Rock AR 72223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> LUTHER MICHAEL A.  2513 Kenmore Dr Raleigh NC 27808 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Strab/Bus Dev Prod Med <b>Aggregate Year-to-Date</b> > \$ 204.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LYNCH DENNIS F.  867 Pemberton Rd Grosse Pointe Park MI 48230 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development <b>Aggregate Year-to-Date</b> > \$ 183.70	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.35		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>337 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LYNCH DENNIS F.  867 Pemberton Rd  Grosse Pointe Park MI 48230  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 192.05	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.35	
<b>Full Name, Mailing Address, and ZIP Code</b> LYNCH DENNIS F.  867 Pemberton Rd  Grosse Pointe Park MI 48230  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 200.40	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.35	
<b>Full Name, Mailing Address, and ZIP Code</b> LYNCH GWENDA LYNNE  46 Joyner Ct  Lawrenceville NJ 08648  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 198.92	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.09	
<b>Full Name, Mailing Address, and ZIP Code</b> LYNCH GWENDA LYNNE  46 Joyner Ct  Lawrenceville NJ 08648  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 208.01	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.09	
<b>Full Name, Mailing Address, and ZIP Code</b> LYNCH GWENDA LYNNE  46 Joyner Ct  Lawrenceville NJ 08648  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 215.10	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.09	
<b>Full Name, Mailing Address, and ZIP Code</b> LYNCH STUART T.  103 E Clarksville Ct  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Financial Mgr. Thera Dev Grp  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LYNCH STUART T.  103 E Clarksville Ct  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Financial Mgr. Thera Dev Grp  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>338 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> LYNCH STUART T.  103 E Clarksville Ct  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Financial Mgr. Thera Dev Grp	<b>Aggregate Year-to-Date</b> > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> LYONS JAN CLAYTON  531 W Holding Ave  Wake Forest NC 27587	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  19.54	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Tax Planning	<b>Aggregate Year-to-Date</b> > \$ 431.54		
<b>Full Name, Mailing Address, and ZIP Code</b> LYONS JAN CLAYTON  531 W Holding Ave  Wake Forest NC 27587	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  19.84	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Tax Planning	<b>Aggregate Year-to-Date</b> > \$ 451.48		
<b>Full Name, Mailing Address, and ZIP Code</b> LYONS JAN CLAYTON  531 W Holding Ave  Wake Forest NC 27587	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  19.94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Tax Planning	<b>Aggregate Year-to-Date</b> > \$ 471.42		
<b>Full Name, Mailing Address, and ZIP Code</b> LYSTER BARBARA SUSAN  41 Wilhelm Dr  Durham NC 27705	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  82.71	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> VP Us Information Systems	<b>Aggregate Year-to-Date</b> > \$ 881.90		
<b>Full Name, Mailing Address, and ZIP Code</b> MACHADO ELIZABETH A.  2619 Dorking Pl  Santa Barbara CA 93105	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MACHADO ELIZABETH A.  2619 Dorking Pl  Santa Barbara CA 93105	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>339 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MACHADO ELIZABETH A.  2519 Dorking Pl  Santa Barbara CA 93105  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MACLARY CYNTHIA MARIE  9313 Spring House Lane Apt J  Laurel MD 20708  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MACLARY CYNTHIA MARIE  9313 Spring House Lane Apt J  Laurel MD 20708  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MACLARY CYNTHIA MARIE  9313 Spring House Lane Apt J  Laurel MD 20708  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MADDOX BRANDON LANE  Po Box 14701  Durham NC 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 258.36	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.58	
<b>Full Name, Mailing Address, and ZIP Code</b> MADDOX BRANDON LANE  Po Box 14701  Durham NC 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 282.84	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.58	
<b>Full Name, Mailing Address, and ZIP Code</b> MADDOX BRANDON LANE  Po Box 14701  Durham NC 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 297.52	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.58	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>340 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MADER MICHAEL L.  103 W Shore Dr  Hattiesburg MS 39402  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 363.02	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.03	
<b>Full Name, Mailing Address, and ZIP Code</b> MADER MICHAEL L.  103 W Shore Dr  Hattiesburg MS 39402  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 366.05	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.03	
<b>Full Name, Mailing Address, and ZIP Code</b> MADER MICHAEL L.  103 W Shore Dr  Hattiesburg MS 39402  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 403.08	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.03	
<b>Full Name, Mailing Address, and ZIP Code</b> MADSEN CHRISTINA ANN  11 Rozlyn Ct  Red Bank NJ 07701  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 283.40	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.22	
<b>Full Name, Mailing Address, and ZIP Code</b> MADSEN CHRISTINA ANN  11 Rozlyn Ct  Red Bank NJ 07701  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 296.62	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.22	
<b>Full Name, Mailing Address, and ZIP Code</b> MADSEN CHRISTINA ANN  11 Rozlyn Ct  Red Bank NJ 07701  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 309.84	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.22	
<b>Full Name, Mailing Address, and ZIP Code</b> MAGUIRE JON A.  3017 Middlesex Dr  Oklahoma City OK 73120  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>341 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MAGUIRE JON A.  3017 Middlesex Dr  Oklahoma City OK 73120  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MAGUIRE JON A.  3017 Middlesex Dr  Oklahoma City OK 73120  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MAHONEY DAWN D.  343 Governors Grant Blvd  Lexington SC 29072  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 230.22	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.52	
<b>Full Name, Mailing Address, and ZIP Code</b> MAHONEY DAWN D.  343 Governors Grant Blvd  Lexington SC 29072  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 241.74	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.52	
<b>Full Name, Mailing Address, and ZIP Code</b> MAHONEY DAWN D.  343 Governors Grant Blvd  Lexington SC 29072  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 253.26	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.52	
<b>Full Name, Mailing Address, and ZIP Code</b> MALHOTRA RAJEEV  1579 E Desert Island Dr  Fresno CA 93720  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MALHOTRA RAJEEV  1579 E Desert Island Dr  Fresno CA 93720  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	342 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MALHOTRA RAJEEV  1579 E Desert Island Dr  Fresno CA 93720		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 200.18	
<b>Full Name, Mailing Address, and ZIP Code</b> MALLERNEE SHERYL JAN  6218 Belmont Way  West Linn OR 97068		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> MALLERNEE SHERYL JAN  6218 Belmont Way  West Linn OR 97068		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> MALLERNEE SHERYL JAN  6218 Belmont Way  West Linn OR 97068		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> MALLOY GERALD F.  501 Legion Dr  Schenectady NY 12303		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst		<b>Aggregate Year-to-Date</b> > \$ 355.28	
<b>Full Name, Mailing Address, and ZIP Code</b> MALLOY GERALD F.  501 Legion Dr  Schenectady NY 12303		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst		<b>Aggregate Year-to-Date</b> > \$ 371.68	
<b>Full Name, Mailing Address, and ZIP Code</b> MALLOY GERALD F.  501 Legion Dr  Schenectady NY 12303		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst		<b>Aggregate Year-to-Date</b> > \$ 388.08	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>343 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MANN EILEEN BAYNHAM  54 Horizon Way  Colchester VT 05446  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MANN EILEEN BAYNHAM  54 Horizon Way  Colchester VT 05446  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MANN EILEEN BAYNHAM  54 Horizon Way  Colchester VT 05446  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MANN HOWARD P.  2358 Northstar Dr  Pocatello ID 83201  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 255.58	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.80		
<b>Full Name, Mailing Address, and ZIP Code</b> MANN HOWARD P.  2358 Northstar Dr  Pocatello ID 83201  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 267.38	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.80		
<b>Full Name, Mailing Address, and ZIP Code</b> MANN HOWARD P.  2358 Northstar Dr  Pocatello ID 83201  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 279.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.80		
<b>Full Name, Mailing Address, and ZIP Code</b> MANN NANCY J.  662 Augusta Dr  Rochester Hills MI 48309  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 362.77	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.87		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>344 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MANN NANCY J.  662 Augusta Dr  Rochester Hills MI 48309  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 379.64	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.87		
<b>Full Name, Mailing Address, and ZIP Code</b> MANN NANCY J.  662 Augusta Dr  Rochester Hills MI 48309  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 386.51	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.87		
<b>Full Name, Mailing Address, and ZIP Code</b> MANN ROBERT W.  54 Horizon Vw  Colchester VT 05446  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MANN ROBERT W.  54 Horizon Vw  Colchester VT 05446  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MANN ROBERT W.  54 Horizon Vw  Colchester VT 05446  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MANNING HOWARD L.  409 Palmer Pl  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Process Improvement II  Aggregate Year-to-Date > \$ 567.28	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 26.08		
<b>Full Name, Mailing Address, and ZIP Code</b> MANNING HOWARD L.  409 Palmer Pl  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Process Improvement II  Aggregate Year-to-Date > \$ 593.36	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 26.08		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>345 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MANNING HOWARD L.  408 Palmer Pl  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Process Improvement II	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 26.08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 619.44			
<b>Full Name, Mailing Address, and ZIP Code</b> MANNINO THOMAS G.  500 Bluegrass Dr  Wilmington DE 19808	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> MANNINO THOMAS G.  500 Bluegrass Dr  Wilmington DE 19808	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> MANNINO THOMAS G.  500 Bluegrass Dr  Wilmington DE 19808	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> MANSFIELD CRIS M.  19357 Dakin St  Rowland Heights CA 91748	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 384.50			
<b>Full Name, Mailing Address, and ZIP Code</b> MANSFIELD CRIS M.  19357 Dakin St  Rowland Heights CA 91748	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 402.25			
<b>Full Name, Mailing Address, and ZIP Code</b> MANSFIELD CRIS M.  19357 Dakin St  Rowland Heights CA 91748	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 420.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>346 / 631</b> Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MANSFIELD PHILLIP R.  Po Box 1267  Broken Arrow OK 74013  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 307.08		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 14.14	
<b>Full Name, Mailing Address, and ZIP Code</b> MANSFIELD PHILLIP R.  Po Box 1267  Broken Arrow OK 74013  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 321.20		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 14.14	
<b>Full Name, Mailing Address, and ZIP Code</b> MANSFIELD PHILLIP R.  Po Box 1267  Broken Arrow OK 74013  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 335.34		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 14.14	
<b>Full Name, Mailing Address, and ZIP Code</b> MARBURGER KIM I.  956 Whitegate Dr  Northville MI 48167  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. National Accts  <b>Aggregate Year-to-Date</b> > \$ 513.54		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 23.79	
<b>Full Name, Mailing Address, and ZIP Code</b> MARBURGER KIM I.  956 Whitegate Dr  Northville MI 48167  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. National Accts  <b>Aggregate Year-to-Date</b> > \$ 537.33		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 23.79	
<b>Full Name, Mailing Address, and ZIP Code</b> MARBURGER KIM I.  956 Whitegate Dr  Northville MI 48167  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. National Accts  <b>Aggregate Year-to-Date</b> > \$ 561.12		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 23.79	
<b>Full Name, Mailing Address, and ZIP Code</b> MARCHAK GREG M.  4808 Willamalthe Dr  Vancouver WA 98661  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>347 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MARCHAK GREG M.  4808 Willamette Dr  Vancouver WA 98661  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 151.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MARCHAK GREG M.  4808 Willamette Dr  Vancouver WA 98661  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MARCHAND MARC J.  3710 Thunder Way  Marietta GA 30066  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. National Accounts  Aggregate Year-to-Date > \$ 387.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.88	
<b>Full Name, Mailing Address, and ZIP Code</b> MARCHAND MARC J.  3710 Thunder Way  Marietta GA 30066  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. National Accounts  Aggregate Year-to-Date > \$ 405.36	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.88	
<b>Full Name, Mailing Address, and ZIP Code</b> MARCHAND MARC J.  3710 Thunder Way  Marietta GA 30066  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. National Accounts  Aggregate Year-to-Date > \$ 423.24	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.88	
<b>Full Name, Mailing Address, and ZIP Code</b> MARCHI KAREN S.  23557 North 80th Way  Scottsdale AZ 85255  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Reg. Dir. Mhc  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MARCHI KAREN S.  23557 North 80th Way  Scottsdale AZ 85255  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Reg. Dir. Mhc  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>348 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MARCHI KAREN S.  23557 North 80th Way  Scottsdale AZ 85255  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Reg. Dir. Mhc  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MARIANELLO NEAL  30 Wild Birch Farms  Cortland Manor NY 10566  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MARIANELLO NEAL  30 Wild Birch Farms  Cortland Manor NY 10566  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MARIANELLO NEAL  30 Wild Birch Farms  Cortland Manor NY 10566  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MARINELLI PHILIP A.  107 Eyemouth Ct  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Finance - Tech Ops  Aggregate Year-to-Date > \$ 579.56	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 26.69	
<b>Full Name, Mailing Address, and ZIP Code</b> MARINELLI PHILIP A.  107 Eyemouth Ct  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Finance - Tech Ops  Aggregate Year-to-Date > \$ 606.25	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 26.69	
<b>Full Name, Mailing Address, and ZIP Code</b> MARINELLI PHILIP A.  107 Eyemouth Ct  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Finance - Tech Ops  Aggregate Year-to-Date > \$ 632.94	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 26.69	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>349 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MARINO ALISON A.  19851 Beach Cliff Blvd.  Rocky River OH 44116  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MARINO ALISON A.  19551 Beach Cliff Blvd.  Rocky River OH 44116  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MARINO ALISON A.  19851 Beach Cliff Blvd.  Rocky River OH 44116  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MARKELS MICHAEL E.  40 Palace Gardens Terrace  England ZZ 00000  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.68	
<b>Full Name, Mailing Address, and ZIP Code</b> MARQUIS ANNE MARIE  8836 Montagna Dr  Las Vegas NV 89134  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 251.68	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.59	
<b>Full Name, Mailing Address, and ZIP Code</b> MARQUIS ANNE MARIE  8836 Montagna Dr  Las Vegas NV 89134  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 263.27	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.59	
<b>Full Name, Mailing Address, and ZIP Code</b> MARQUIS ANNE MARIE  8836 Montagna Dr  Las Vegas NV 89134  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 274.86	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.59	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>350 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MARSHALL KENNETH W.  110 Greymist Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Commercial Strategy  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
<b>Full Name, Mailing Address, and ZIP Code</b> MARSHALL KENNETH W.  110 Greymist Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Commercial Strategy  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
<b>Full Name, Mailing Address, and ZIP Code</b> MARSHALL KENNETH W.  110 Greymist Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Commercial Strategy  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
<b>Full Name, Mailing Address, and ZIP Code</b> MARSHALL MIKEL W.  1503 Lbj Fwy #200  Dallas TX 75234  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Reg. Sales Dir  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> MARSHALL MIKEL W.  1503 Lbj Fwy #200  Dallas TX 75234  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Reg. Sales Dir  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> MARSHALL MIKEL W.  1503 Lbj Fwy #200  Dallas TX 75234  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Reg. Sales Dir  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> MARTIN CRAIG L.  2527 Ridgewind Way  Windermere FL 34786  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Regional Corp Health Mgr  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>351 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MARTIN CRAIG L.  2527 Ridgewind Way  Windermere FL 34786	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Regional Corp Health Mgr	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTIN CRAIG L.  2527 Ridgewind Way  Windermere FL 34786	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Regional Corp Health Mgr	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTIN FRANCES M.  8004 Conestee Ct  Raleigh NC 27612	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Marketing	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTIN FRANCES M.  8004 Conestee Ct  Raleigh NC 27612	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Marketing	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTIN FRANCES M.  8004 Conestee Ct  Raleigh NC 27612	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Marketing	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTIN GEORGE MICHAEL  516 Vema Tr N  Fort Worth TX 76108	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTIN GEORGE MICHAEL  516 Vema Tr N  Fort Worth TX 76108	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>352 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MARTIN GEORGE MICHAEL  515 Verna Trl N  Fort Worth TX 76108  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTIN SALLY  2111 N Tejon St  Colorado Springs CO 80907  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 272.52	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.57		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTIN SALLY  2111 N Tejon St  Colorado Springs CO 80907  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 285.09	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.57		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTIN SALLY  2111 N Tejon St  Colorado Springs CO 80907  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 297.66	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.57		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTINDALE LUCY G.  4109 Swarthmore Rd  Durham NC 27707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> VP & Director Finance  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTINEZ CARLOS H.  2001 Country Club Prado  Coral Gables FL 33134  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 347.82	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.03		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTINEZ CARLOS H.  2001 Country Club Prado  Coral Gables FL 33134  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 363.95	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.03		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>353 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MARTINEZ CARLOS H.  2001 Country Club Prado  Coral Gables FL 33134  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.03
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 379.98	
<b>Full Name, Mailing Address, and ZIP Code</b> MARTINEZ JAIME L.  30 Country Club Ln  Elizabeth NJ 07208  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.54
	Occupation Executive Sales Rep	Aggregate Year-to-Date > \$ 272.28	
<b>Full Name, Mailing Address, and ZIP Code</b> MARTINEZ JAIME L.  30 Country Club Ln  Elizabeth NJ 07208  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.54
	Occupation Executive Sales Rep	Aggregate Year-to-Date > \$ 284.82	
<b>Full Name, Mailing Address, and ZIP Code</b> MARTINEZ JAIME L.  30 Country Club Ln  Elizabeth NJ 07208  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.54
	Occupation Executive Sales Rep	Aggregate Year-to-Date > \$ 297.36	
<b>Full Name, Mailing Address, and ZIP Code</b> MARTINEZ JORGE L.  13350 Sw 48th St  Miami FL 33175  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 220.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MARTINEZ JORGE L.  13350 Sw 48th St  Miami FL 33175  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 230.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MARTINEZ JORGE L.  13350 Sw 48th St  Miami FL 33175  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 240.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>354 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MARTINEZ LUIS J.  623a Amelt St  Elizabeth NJ 07202  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 207.52	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTINEZ LUIS J.  623a Amelt St  Elizabeth NJ 07202  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 215.86	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTINEZ LUIS J.  623a Amelt St  Elizabeth NJ 07202  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 224.20	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTISZUS PHILLIP KEITH  1028 E 2nd St  Trenton IL 62293  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTISZUS PHILLIP KEITH  1028 E 2nd St  Trenton IL 62293  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MARTISZUS PHILLIP KEITH  1028 E 2nd St  Trenton IL 62293  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MASCHKE MARY M.  835 Northlawn Ave.  East Lansing MI 48823  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 298.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.04		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>355 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MASCHKE MARY M.  835 Northlawn Ave.  East Lansing MI 48823  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 312.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.04	
<b>Full Name, Mailing Address, and ZIP Code</b> MASCHKE MARY M.  835 Northlawn Ave.  East Lansing MI 48823  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 326.54	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.04	
<b>Full Name, Mailing Address, and ZIP Code</b> MASON DAVID K.  14500 Morning Mountain Way  Alpharetta GA 30004  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 435.42	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.50	
<b>Full Name, Mailing Address, and ZIP Code</b> MASON DAVID K.  14500 Morning Mountain Way  Alpharetta GA 30004  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 455.92	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.50	
<b>Full Name, Mailing Address, and ZIP Code</b> MASON DAVID K.  14500 Morning Mountain Way  Alpharetta GA 30004  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 476.42	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.50	
<b>Full Name, Mailing Address, and ZIP Code</b> MASON JOHN J.  5343 Wiseburn Ave  Hawthorne CA 90250  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MASON JOHN J.  5343 Wiseburn Ave  Hawthorne CA 90250  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>356 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MASON JOHN J.  5343 Wusebum Ave  Hawthorne CA 90250  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  10.00
	Occupation District Sales Manager  Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MAST MICHAEL D.  313 Winding Hill Dr  Lancaster PA 17601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  14.55
	Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 314.40		
<b>Full Name, Mailing Address, and ZIP Code</b> MAST MICHAEL D.  313 Winding Hill Dr  Lancaster PA 17601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  14.55
	Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 328.95		
<b>Full Name, Mailing Address, and ZIP Code</b> MAST MICHAEL D.  313 Winding Hill Dr  Lancaster PA 17601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  14.55
	Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 343.50		
<b>Full Name, Mailing Address, and ZIP Code</b> MATTERN EMILY JEAN  722 Wildgrove Ln  San Antonio TX 78256  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.34
	Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MATTERN EMILY JEAN  722 Wildgrove Ln  San Antonio TX 78256  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
	Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MATTERN EMILY JEAN  722 Wildgrove Ln  San Antonio TX 78256  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  8.34
	Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 200.18		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>357 / 631</b>
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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MATTHEWS BENJAMIN B.  113 Chatham Court  Clayton NC 27520  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Project Mgr. - Production Eng	Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> MATTHEWS BENJAMIN B.  113 Chatham Court  Clayton NC 27520  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Project Mgr. - Production Eng	Aggregate Year-to-Date > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> MATTHEWS BENJAMIN B.  113 Chatham Court  Clayton NC 27520  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Project Mgr. - Production Eng	Aggregate Year-to-Date > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> MATTIOLI SANDRO A.  2905 S Franklin St  Philadelphia PA 19148  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.25
	Occupation Sales Rep	Aggregate Year-to-Date > \$ 200.50	
<b>Full Name, Mailing Address, and ZIP Code</b> MATTIOLI SANDRO A.  2905 S Franklin St  Philadelphia PA 19148  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.25
	Occupation Sales Rep	Aggregate Year-to-Date > \$ 209.75	
<b>Full Name, Mailing Address, and ZIP Code</b> MATTIOLI SANDRO A.  2905 S Franklin St  Philadelphia PA 19148  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.25
	Occupation Sales Rep	Aggregate Year-to-Date > \$ 219.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MAXWELL RICHARD MICH  2126 Habero Dr  Escondido CA 92029  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date > \$ 183.48	

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>358 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MAXWELL RICHARD MICH  2125 Habero Dr  Escondido CA 92020  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
	Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date > \$ 191.82		
	<b>Full Name, Mailing Address, and ZIP Code</b> MAXWELL RICHARD MICH  2125 Habero Dr  Escondido CA 92029  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			Name of Employer Glaxo Wellcome Inc.
Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date > \$ 200.16	<b>Full Name, Mailing Address, and ZIP Code</b> MAY MARLENE A.  5529 Country Club Ln.  Hamburg NY 14075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> MAY MARLENE A.  5529 Country Club Ln.  Hamburg NY 14075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 183.48	<b>Full Name, Mailing Address, and ZIP Code</b> MAY MARLENE A.  5529 Country Club Ln.  Hamburg NY 14075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> MAY MARLENE A.  5529 Country Club Ln.  Hamburg NY 14075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	
Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 191.82	<b>Full Name, Mailing Address, and ZIP Code</b> MAY MARLENE A.  5529 Country Club Ln.  Hamburg NY 14075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> MAY MARLENE A.  5529 Country Club Ln.  Hamburg NY 14075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 200.16	<b>Full Name, Mailing Address, and ZIP Code</b> MAYE BARRY J.  5532 Barham Siding Road  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> MAYE BARRY J.  5532 Barham Siding Road  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	
Occupation Supv. Production	Aggregate Year-to-Date > \$ 183.48	<b>Full Name, Mailing Address, and ZIP Code</b> MAYE BARRY J.  5532 Barham Siding Road  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> MAYE BARRY J.  5532 Barham Siding Road  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
Occupation Supv. Production	Aggregate Year-to-Date > \$ 191.82	<b>SUBTOTALS</b> of Receipts This Page (Optional) .....		
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>359 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MAYE BARRY J.  5532 Barham Sliding Road  Waka Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Supv. Production	Aggregate Year-to-Date > \$ 200.18	
<b>Full Name, Mailing Address, and ZIP Code</b> MAYS JERALD R.  368 Mission Bay Court  Grover MD 63040  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager	Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> MAYS JERALD R.  368 Mission Bay Court  Grover MD 63040  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager	Aggregate Year-to-Date > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> MAYS JERALD R.  368 Mission Bay Court  Grover MD 63040  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. District Sales Manager	Aggregate Year-to-Date > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> MAZZETTI RICHARD C.  405 Versailles Dr.  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Product Mgr.	Aggregate Year-to-Date > \$ 220.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MAZZETTI RICHARD C.  405 Versailles Dr.  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Product Mgr.	Aggregate Year-to-Date > \$ 230.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MAZZETTI RICHARD C.  405 Versailles Dr.  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Product Mgr.	Aggregate Year-to-Date > \$ 240.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>360 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MCADAMS CHRIS  1784 Woodbridge Ln  Boise ID 83706  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MCADAMS CHRIS  1784 Woodbridge Ln  Boise ID 83706  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MCADAMS CHRIS  1784 Woodbridge Ln  Boise ID 83706  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MCALVIN BARBARA  3003 Hockley Dr  Hingham MA 02043  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 263.80	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.19	
<b>Full Name, Mailing Address, and ZIP Code</b> MCALVIN BARBARA  3003 Hockley Dr  Hingham MA 02043  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 275.99	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.19	
<b>Full Name, Mailing Address, and ZIP Code</b> MCALVIN BARBARA  3003 Hockley Dr  Hingham MA 02043  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 288.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.19	
<b>Full Name, Mailing Address, and ZIP Code</b> MCCARTHY VIRGINIA G.  587 E 8th St  South Boston MA 02127  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 241.40	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.06	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>361 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MCCARTHY VIRGINIA G.  587 E 8th St  South Boston MA 02127  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 252.48	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.06	
<b>Full Name, Mailing Address, and ZIP Code</b> MCCARTHY VIRGINIA G.  587 E 8th St  South Boston MA 02127  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 263.52	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.06	
<b>Full Name, Mailing Address, and ZIP Code</b> MCCLURE JOHN W.  8740 Abbotsbury PIN  Cordova TN 38018  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 297.98	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.77	
<b>Full Name, Mailing Address, and ZIP Code</b> MCCLURE JOHN W.  8740 Abbotsbury PIN  Cordova TN 38018  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 311.73	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.77	
<b>Full Name, Mailing Address, and ZIP Code</b> MCCLURE JOHN W.  8740 Abbotsbury PIN  Cordova TN 38018  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 325.50	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.77	
<b>Full Name, Mailing Address, and ZIP Code</b> MCCOLLUM RYAN D.  5868 Oram  Dallas TX 75206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 182.18	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.07	
<b>Full Name, Mailing Address, and ZIP Code</b> MCCOLLUM RYAN D.  5868 Oram  Dallas TX 75206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 201.25	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.07	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>362 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MCCOLLUM RYAN D.  5858 Cram  Dallas TX 75206	Name of Employer Glaxo Wellcome Inc.  Occupation Sales Rep	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.07	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 210.32			
<b>Full Name, Mailing Address, and ZIP Code</b> MCCOY LORENE D.  101 Twin Oaks Ct  Azle TX 76020	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.15	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 371.80			
<b>Full Name, Mailing Address, and ZIP Code</b> MCCOY LORENE D.  101 Twin Oaks Ct  Azle TX 76020	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.15	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 389.05			
<b>Full Name, Mailing Address, and ZIP Code</b> MCCOY LORENE D.  101 Twin Oaks Ct  Azle TX 76020	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.15	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 406.20			
<b>Full Name, Mailing Address, and ZIP Code</b> MCCULLOUGH TIMOTHY A.  1159 Conner St  Noblesville IN 46060	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.36	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 354.82			
<b>Full Name, Mailing Address, and ZIP Code</b> MCCULLOUGH TIMOTHY A.  1159 Conner St  Noblesville IN 46060	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.36	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 371.18			
<b>Full Name, Mailing Address, and ZIP Code</b> MCCULLOUGH TIMOTHY A.  1159 Conner St  Noblesville IN 46060	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.36	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 387.54			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>363 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MCCURRY KAREN A.  7214 Coleridge Dr  Knoxville TN 37919	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 15.15		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 327.78			
<b>Full Name, Mailing Address, and ZIP Code</b> MCCURRY KAREN A.  7214 Coleridge Dr  Knoxville TN 37919	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 15.15		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 342.83			
<b>Full Name, Mailing Address, and ZIP Code</b> MCCURRY KAREN A.  7214 Coleridge Dr  Knoxville TN 37919	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.15		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 358.08			
<b>Full Name, Mailing Address, and ZIP Code</b> MCDERMONT WILLIAM J.  7735 Haverhillcourt  Dublin OH 43017	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> MCDERMONT WILLIAM J.  7735 Haverhillcourt  Dublin OH 43017	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> MCDERMONT WILLIAM J.  7735 Haverhillcourt  Dublin OH 43017	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> MCDONALD BRADLEY R.  6926 Hickory Dr. Ne  Fridley MN 55432	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 24.17		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Regional Care Mgr.	Aggregate Year-to-Date > \$ 445.88			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>364 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MCDONALD BRADLEY R.  6925 Hickory Dr. Ne  Fridley MN 55432	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 24.17		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Regional Care Mgr.				
<b>Aggregate Year-to-Date</b> > \$ 470.05					
<b>Full Name, Mailing Address, and ZIP Code</b> MCDONALD BRADLEY R.  6925 Hickory Dr. Ne  Fridley MN 55432	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 24.17		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Regional Care Mgr.				
<b>Aggregate Year-to-Date</b> > \$ 494.22					
<b>Full Name, Mailing Address, and ZIP Code</b> MCDONALD PATRICK J.  1844 S Fairdale Ave  Casper WY 82601	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.85		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 211.30					
<b>Full Name, Mailing Address, and ZIP Code</b> MCDONNELL JAMES P.  15108 Grayoak Forest  San Antonio TX 78248	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 183.48					
<b>Full Name, Mailing Address, and ZIP Code</b> MCDONNELL JAMES P.  15106 Grayoak Forest  San Antonio TX 78248	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 191.82					
<b>Full Name, Mailing Address, and ZIP Code</b> MCDONNELL JAMES P.  15108 Grayoak Forest  San Antonio TX 78248	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 200.16					
<b>Full Name, Mailing Address, and ZIP Code</b> MCEWEN THOMAS P.  212 Lakeshore Dr  Durham NC 27713	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Sales - Care Mgmt				
<b>Aggregate Year-to-Date</b> > \$ 183.48					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>365 / 631</b>
			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MCEWEN THOMAS P.  212 Lakeshore Dr  Durham NC 27713	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Dir. Sales - Care Mgmt	Aggregate Year-to-Date > \$ 151.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MCEWEN THOMAS P.  212 Lakeshore Dr  Durham NC 27713	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Dir. Sales - Care Mgmt	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> MCFARLAND BETHANY HORN  7865 Wiltshire Dr  Dublin OH 43016	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.86	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Sales Rep - Tas	Aggregate Year-to-Date > \$ 300.18		
<b>Full Name, Mailing Address, and ZIP Code</b> MCFARLAND BETHANY HORN  7865 Wiltshire Dr  Dublin OH 43016	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.86	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Sales Rep - Tas	Aggregate Year-to-Date > \$ 314.04		
<b>Full Name, Mailing Address, and ZIP Code</b> MCFARLAND BETHANY HORN  7865 Wiltshire Dr  Dublin OH 43016	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.86	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Sales Rep - Tas	Aggregate Year-to-Date > \$ 327.90		
<b>Full Name, Mailing Address, and ZIP Code</b> MCFATRIDGE III KEITH WILLIAM  19 Brookstone Pl  Aliso Viejo CA 92656	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MCFATRIDGE III KEITH WILLIAM  19 Brookstone Pl  Aliso Viejo CA 92656	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>366 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MCFATRIDGE III KEITH WILLIAM  10 Brookstone Pl  Aliso Viejo CA 92656  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MCFAUL CHRIS S.  North 8909 Pine Rock Place  Spokane WA 99208  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MCFAUL CHRIS S.  North 8909 Pine Rock Place  Spokane WA 99208  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MCFAUL CHRIS S.  North 8909 Pine Rock Place  Spokane WA 99208  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MCGARR FRANCIS  2905 La Mesa St  Cape Girardeau MO 63701  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 301.86	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.92	
<b>Full Name, Mailing Address, and ZIP Code</b> MCGARR FRANCIS  2905 La Mesa St  Cape Girardeau MO 63701  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 315.78	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.92	
<b>Full Name, Mailing Address, and ZIP Code</b> MCGARR FRANCIS  2905 La Mesa St  Cape Girardeau MO 63701  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 329.70	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.82	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>367 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MCGAULEY THOMAS ANTHONY  228 Summit Ave  Bogota NJ 07603  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MCGAULEY THOMAS ANTHONY  225 Summit Ave  Bogota NJ 07603  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MCGAULEY THOMAS ANTHONY  228 Summit Ave  Bogota NJ 07603  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MCGILL GARY L.  241 Potest Pl  Franklin TN 37064  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 423.66	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.53		
<b>Full Name, Mailing Address, and ZIP Code</b> MCGILL GARY L.  241 Potest Pl  Franklin TN 37064  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 443.19	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.53		
<b>Full Name, Mailing Address, and ZIP Code</b> MCGILL GARY L.  241 Potest Pl  Franklin TN 37064  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 462.72	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 19.53		
<b>Full Name, Mailing Address, and ZIP Code</b> MCGOUGAN LISA  4422 40th Ave Sw  Seattle WA 98116  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 240.42	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.10		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>368 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				<b>FOR LINE NUMBER 11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MCGOUGAN LISA  4422 40th Ave Sw  Seattle WA 98116  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 252.51	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.09	
<b>Full Name, Mailing Address, and ZIP Code</b> MCGOUGAN LISA  4422 40th Ave Sw  Seattle WA 98116  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 264.60	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.09	
<b>Full Name, Mailing Address, and ZIP Code</b> MCGOWAN ROBERT S.  2555 Jerry Ln  West Middlesex PA 16159  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Account Mgr.  <b>Aggregate Year-to-Date</b> > \$ 404.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.69	
<b>Full Name, Mailing Address, and ZIP Code</b> MCGOWAN ROBERT S.  2555 Jerry Ln  West Middlesex PA 16159  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Account Mgr.  <b>Aggregate Year-to-Date</b> > \$ 423.15	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.69	
<b>Full Name, Mailing Address, and ZIP Code</b> MCGOWAN ROBERT S.  2555 Jerry Ln  West Middlesex PA 16159  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Account Mgr.  <b>Aggregate Year-to-Date</b> > \$ 441.84	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.69	
<b>Full Name, Mailing Address, and ZIP Code</b> MCGUIRE DANIEL J.  2839 Broadway  Bellingham WA 98225  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MCGUIRE DANIEL J.  2839 Broadway  Bellingham WA 98225  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	369 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MCGUIRE DANIEL J.  2839 Broadway  Bellingham WA 98225		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 240.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MCHALE WILLIAM R.  110 Burlingame Way  Cary NC 27513		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.21
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Assoc. Prod. Mgr.		<b>Aggregate Year-to-Date</b> > \$ 397.62	
<b>Full Name, Mailing Address, and ZIP Code</b> MCHALE WILLIAM R.  110 Burlingame Way  Cary NC 27513		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.21
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Assoc. Prod. Mgr.		<b>Aggregate Year-to-Date</b> > \$ 415.83	
<b>Full Name, Mailing Address, and ZIP Code</b> MCHALE WILLIAM R.  110 Burlingame Way  Cary NC 27513		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.21
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Assoc. Prod. Mgr.		<b>Aggregate Year-to-Date</b> > \$ 434.04	
<b>Full Name, Mailing Address, and ZIP Code</b> MCINNIS ALLISON E.  1001 True St. Apt 218  Columbia SC 29209		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 216.33	
<b>Full Name, Mailing Address, and ZIP Code</b> MCINNIS ALLISON E.  1001 True St. Apt 218  Columbia SC 29209		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 227.33	
<b>Full Name, Mailing Address, and ZIP Code</b> MCINNIS ALLISON E.  1001 True St. Apt 218  Columbia SC 29209		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 238.33	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>370 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MCINTIRE SUSAN E.  2620 Nw 159th St  Edmond OK 73013	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MCINTIRE SUSAN E.  2620 Nw 159th St  Edmond OK 73013	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MCINTIRE SUSAN E.  2620 Nw 159th St  Edmond OK 73013	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> MCKAY ALBERTA S.  4908 Tallwood Dr  Raleigh NC 27613	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Information Management	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MCKAY ALBERTA S.  4908 Tallwood Dr  Raleigh NC 27613	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Information Management	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MCKAY ALBERTA S.  4908 Tallwood Dr  Raleigh NC 27613	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Information Management	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> MCKAY SARAH JANE  14001 Saint Michael Dr  Little Rock AR 72211	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 344.47		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>371 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MCKAY SARAH JANE  14001 Saint Michael Dr  Little Rock AR 72211  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 359.30	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.83	
<b>Full Name, Mailing Address, and ZIP Code</b> MCKAY SARAH JANE  14001 Saint Michael Dr  Little Rock AR 72211  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 374.13	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.83	
<b>Full Name, Mailing Address, and ZIP Code</b> MCKELVEY GEORGE H.  4313 Country Rd  Melbourne FL 32934  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 281.04	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.83	
<b>Full Name, Mailing Address, and ZIP Code</b> MCKELVEY GEORGE H.  4313 Country Rd  Melbourne FL 32934  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 293.97	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.93	
<b>Full Name, Mailing Address, and ZIP Code</b> MCKELVEY GEORGE H.  4313 Country Rd  Melbourne FL 32934  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 306.90	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.93	
<b>Full Name, Mailing Address, and ZIP Code</b> MCKELVEY KAREN A.  65 Nourse St  Westborough MA 01581  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 397.30	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 19.17	
<b>Full Name, Mailing Address, and ZIP Code</b> MCKELVEY KAREN A.  65 Nourse St  Westborough MA 01581  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 418.47	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 19.17	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>372 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MCKELVEY KAREN A.  65 Nourse St  Westborough MA 01581	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 19.17	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date > \$ 435.64		
<b>Full Name, Mailing Address, and ZIP Code</b> MCKENNA ERIN M.  410 Carbonton Road  Sanford NC 27330	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 15.24	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sales & Mktg Assoc V	Aggregate Year-to-Date > \$ 331.32		
<b>Full Name, Mailing Address, and ZIP Code</b> MCKENNA ERIN M.  410 Carbonton Road  Sanford NC 27330	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 15.24	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sales & Mktg Assoc V	Aggregate Year-to-Date > \$ 348.58		
<b>Full Name, Mailing Address, and ZIP Code</b> MCKENNA ERIN M.  410 Carbonton Road  Sanford NC 27330	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.24	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sales & Mktg Assoc V	Aggregate Year-to-Date > \$ 361.80		
<b>Full Name, Mailing Address, and ZIP Code</b> MCKENNA EUGENE  Five Moore Drive  Res. Triangle Park NC 27709	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.49	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Manager	Aggregate Year-to-Date > \$ 218.98		
<b>Full Name, Mailing Address, and ZIP Code</b> MCKENNA EUGENE  Five Moore Drive  Res. Triangle Park NC 27709	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.49	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Manager	Aggregate Year-to-Date > \$ 229.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MCKENNA EUGENE  Five Moore Drive  Res. Triangle Park NC 27709	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.49	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Manager	Aggregate Year-to-Date > \$ 239.97		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>373 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MCKINNEY JERRY L.  3839 Somerset Dr.  Durham NC 27707	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep - Inst				
Aggregate Year-to-Date > \$ 187.00					
<b>Full Name, Mailing Address, and ZIP Code</b> MCKINNEY JERRY L.  3839 Somerset Dr.  Durham NC 27707	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep - Inst				
Aggregate Year-to-Date > \$ 195.50					
<b>Full Name, Mailing Address, and ZIP Code</b> MCKINNEY JERRY L.  3839 Somerset Dr.  Durham NC 27707	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep - Inst				
Aggregate Year-to-Date > \$ 204.00					
<b>Full Name, Mailing Address, and ZIP Code</b> MCLAUGHLIN JOSEPH B.  4201 Nw 143rd St  Oklahoma City OK 73134	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.13		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Exec Sales Rep - Onc/Hiv				
Aggregate Year-to-Date > \$ 349.34					
<b>Full Name, Mailing Address, and ZIP Code</b> MCLAUGHLIN JOSEPH B.  4201 Nw 143rd St  Oklahoma City OK 73134	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.13		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Exec Sales Rep - Onc/Hiv				
Aggregate Year-to-Date > \$ 365.47					
<b>Full Name, Mailing Address, and ZIP Code</b> MCLAUGHLIN JOSEPH B.  4201 Nw 143rd St  Oklahoma City OK 73134	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.13		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Exec Sales Rep - Onc/Hiv				
Aggregate Year-to-Date > \$ 381.60					
<b>Full Name, Mailing Address, and ZIP Code</b> MCLEOD LUCIA T.  9017 Wildwood Links  Raleigh NC 27613	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 81.17		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation VP Customer Response Center				
Aggregate Year-to-Date > \$ 963.42					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>374 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MCMASTERS REED C.  105 Carolina Club Dr.  Spartanburg SC 29306	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.81
	Occupation Sr. Account Manager		
	Aggregate Year-to-Date > \$ 282.02		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> MCMASTERS REED C.  105 Carolina Club Dr.  Spartanburg SC 29306	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.51
	Occupation Sr. Account Manager		
	Aggregate Year-to-Date > \$ 273.83		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> MCMASTERS REED C.  105 Carolina Club Dr.  Spartanburg SC 29306	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.81
	Occupation Sr. Account Manager		
	Aggregate Year-to-Date > \$ 285.84		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> MCNEAL THAIS C.  Po Box 893  Valley Forge PA 19482	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 18.12
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 393.60		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> MCNEAL THAIS C.  Po Box 893  Valley Forge PA 19482	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 18.12
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 411.72		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> MCNEAL THAIS C.  Po Box 893  Valley Forge PA 19482	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 18.12
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 429.84		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> MCNEILL JOHN D.  2 Brookbridge Rd  West Peabody MA 01960	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 183.48		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>375 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MCNEILL JOHN D.  2 Brookbridge Rd  West Peabody MA 01960  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 151.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MCNEILL JOHN D.  2 Brookbridge Rd  West Peabody MA 01960  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MCNEY WILLIAM EDWARD  1123 Millhous Dr.  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc V  Aggregate Year-to-Date > \$ 292.50	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.47	
<b>Full Name, Mailing Address, and ZIP Code</b> MCNEY WILLIAM EDWARD  1123 Millhous Dr.  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc V  Aggregate Year-to-Date > \$ 310.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.50	
<b>Full Name, Mailing Address, and ZIP Code</b> MCNEY WILLIAM EDWARD  1123 Millhous Dr.  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc V  Aggregate Year-to-Date > \$ 327.50	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.50	
<b>Full Name, Mailing Address, and ZIP Code</b> MCREYNOLDS BARRY J.  2368 Hidden Deer Dr.  O'Fallon MO 63366  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MCREYNOLDS BARRY J.  2368 Hidden Deer Dr.  O'Fallon MO 63366  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>376 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MCREYNOLDS BARRY J.  2369 Hidden Deer Dr.  O'Fallon MO 63366  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> MCSPADDEN LESLIE A.  5501 Harrington Grove Dr  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.50
	Occupation Mgr. Manu & Strat Purchasing		
	Aggregate Year-to-Date > \$ 187.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MCSPADDEN LESLIE A.  5501 Harrington Grove Dr  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.50
	Occupation Mgr. Manu & Strat Purchasing		
	Aggregate Year-to-Date > \$ 195.50		
<b>Full Name, Mailing Address, and ZIP Code</b> MCSPADDEN LESLIE A.  5501 Harrington Grove Dr  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.50
	Occupation Mgr. Manu & Strat Purchasing		
	Aggregate Year-to-Date > \$ 204.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MCSWAIN KEVIN S.  17751 Hornbean  Wildwood MO 63005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MCSWAIN KEVIN S.  17751 Hornbean  Wildwood MO 63005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 181.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MCSWAIN KEVIN S.  17751 Hornbean  Wildwood MO 63005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 200.18		

**SUBTOTALS** of Receipts This Page (Optional) .....

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



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>377 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MCVAY MARY  305 Farmcrest Dr  Oakdale PA 15071	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> MCVAY MARY  305 Farmcrest Dr  Oakdale PA 15071	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> MCVAY MARY  305 Farmcrest Dr  Oakdale PA 15071	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> MEAD RICHARD G.  5545 Pine Tree Dr  Rapid City SD 57702	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.96		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 282.12			
<b>Full Name, Mailing Address, and ZIP Code</b> MEAD RICHARD G.  5545 Pine Tree Dr  Rapid City SD 57702	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.96		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 295.08			
<b>Full Name, Mailing Address, and ZIP Code</b> MEAD RICHARD G.  5545 Pine Tree Dr  Rapid City SD 57702	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.96		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 308.04			
<b>Full Name, Mailing Address, and ZIP Code</b> MEADOWS KIMBERLY DOLORES  1376 S Newport St  Denver CO 80224	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 303.04			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	378 / 631 FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MEADOWS KIMBERLY DOLORES  1376 S Newport St  Denver CO 80224  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 317.03	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.89		
<b>Full Name, Mailing Address, and ZIP Code</b> MEADOWS KIMBERLY DOLORES  1376 S Newport St  Denver CO 80224  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 331.02	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.99		
<b>Full Name, Mailing Address, and ZIP Code</b> MEARES CAROL LEE  321 10th Ave.  Indian Rocks Beach FL 33785  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MEARES CAROL LEE  321 10th Ave.  Indian Rocks Beach FL 33785  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MEARES CAROL LEE  321 10th Ave.  Indian Rocks Beach FL 33785  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MEFFERD TYSH LYNN  9005 Larston St  Houston TX 77055  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 210.88	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 7.58		
<b>Full Name, Mailing Address, and ZIP Code</b> MEFFERD TYSH LYNN  9005 Larston St  Houston TX 77055  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 218.84	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 7.86		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	379 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MEFFERD TYSH LYNN  9005 Larston St  Houston TX 77055		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 7.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 228.80			
<b>Full Name, Mailing Address, and ZIP Code</b> MEHL CHARLES E.  1103 Osborne Pkwy.  Forest Hill MD 21050		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 334.82			
<b>Full Name, Mailing Address, and ZIP Code</b> MEHL CHARLES E.  1103 Osborne Pkwy.  Forest Hill MD 21050		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 350.20			
<b>Full Name, Mailing Address, and ZIP Code</b> MEHL CHARLES E.  1103 Osborne Pkwy.  Forest Hill MD 21050		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 365.58			
<b>Full Name, Mailing Address, and ZIP Code</b> MERCER JIMMY S.  466 Marywood Ln  Hoover AL 35226		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.81
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Mgr. Reg Prof Affairs			
		<b>Aggregate Year-to-Date</b> > \$ 384.98			
<b>Full Name, Mailing Address, and ZIP Code</b> MERCER JIMMY S.  466 Marywood Ln  Hoover AL 35226		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.81
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Mgr. Reg Prof Affairs			
		<b>Aggregate Year-to-Date</b> > \$ 402.79			
<b>Full Name, Mailing Address, and ZIP Code</b> MERCER JIMMY S.  466 Marywood Ln  Hoover AL 35226		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.81
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Mgr. Reg Prof Affairs			
		<b>Aggregate Year-to-Date</b> > \$ 420.60			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>380 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MERCK DANNY G.  1527 Cat Mountain Trl  Keller TX 76248  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MERCK DANNY G.  1527 Cat Mountain Trl  Keller TX 76248  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MERCK DANNY G.  1527 Cat Mountain Trl  Keller TX 76248  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> MERLO MARIA  36 Buford Rd.  Robbinsville NJ 08891  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MERLO MARIA  36 Buford Rd.  Robbinsville NJ 08891  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MERLO MARIA  36 Buford Rd.  Robbinsville NJ 08891  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> MERRITT CREO W.  301 Nantucket Ct  Winterville NC 28590  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 183.48		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>381 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MERRITT GREG W.  301 Nantucket Ct  Winterville NC 28590  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date $\gg$ \$ 151.82	
	<b>Full Name, Mailing Address, and ZIP Code</b> MERRITT GREG W.  301 Nantucket Ct  Winterville NC 28590  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Occupation Sr. Executive Sales Rep - Inst		Aggregate Year-to-Date $\gg$ \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> METCALF SHERRY L.  1100 Augusta Dr Apt 53  Houston TX 77057  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
Occupation Executive Sales Rep		Aggregate Year-to-Date $\gg$ \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> METCALF SHERRY L.  1100 Augusta Dr Apt 53  Houston TX 77057  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
Occupation Executive Sales Rep		Aggregate Year-to-Date $\gg$ \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> METCALF SHERRY L.  1100 Augusta Dr Apt 53  Houston TX 77057  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Occupation Executive Sales Rep		Aggregate Year-to-Date $\gg$ \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> METCALF SHERRY L.  1100 Augusta Dr Apt 53  Houston TX 77057  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 20.21
Occupation Product Mgr. I		Aggregate Year-to-Date $\gg$ \$ 432.49	
<b>Full Name, Mailing Address, and ZIP Code</b> MICHAEL JAMES  10000 Wyngate Ridge Dr  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 20.21
Occupation Product Mgr. I		Aggregate Year-to-Date $\gg$ \$ 452.70	
<b>Full Name, Mailing Address, and ZIP Code</b> MICHAEL JAMES  10000 Wyngate Ridge Dr  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>382 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MICHAEL JAMES  10000 Wyngate Ridge Dr  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Product Mgr. I  <b>Aggregate Year-to-Date</b> > \$ 472.91	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  20.21	
<b>Full Name, Mailing Address, and ZIP Code</b> MICHAELS BRUCE G  17 Ridgefield Road  New City NY 10956  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MICHAELS BRUCE G  17 Ridgefield Road  New City NY 10956  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MICHAELS BRUCE G  17 Ridgefield Road  New City NY 10956  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MICKEY GREGORY D.  7208 Grouper Ct  Wilmington NC 28409  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 333.54	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  15.39	
<b>Full Name, Mailing Address, and ZIP Code</b> MICKEY GREGORY D.  7208 Grouper Ct  Wilmington NC 28409  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 350.01	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  16.47	
<b>Full Name, Mailing Address, and ZIP Code</b> MICKEY GREGORY D.  7208 Grouper Ct  Wilmington NC 28409  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 366.48	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  16.47	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>383 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MIHLBAUER CHARLES A.  3510 E Elm St  Brea CA 92823  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 368.52	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.80	
<b>Full Name, Mailing Address, and ZIP Code</b> MIHLBAUER CHARLES A.  3510 E Elm St  Brea CA 92823  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 383.42	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.50	
<b>Full Name, Mailing Address, and ZIP Code</b> MIHLBAUER CHARLES A.  3510 E Elm St  Brea CA 92823  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 400.32	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.80	
<b>Full Name, Mailing Address, and ZIP Code</b> MIKELL JOHN S.  3380 Wilderness Cir  Middleburg FL 32068  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MIKELL JOHN S.  3380 Wilderness Cir  Middleburg FL 32068  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MIKELL JOHN S.  3380 Wilderness Cir  Middleburg FL 32068  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MILEY LINDA J.  32531 Adriatic Dr  Dana Point CA 92629  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. National Accts  <b>Aggregate Year-to-Date</b> > \$ 187.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>384 / 631</b>	
Use separate schedule(s) for each category of the Detailed Summary Page				<b>FOR LINE NUMBER 11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MILEY LINDA J.  32531 Adriatic Dr  Dana Point CA 92620  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. National Accts  <b>Aggregate Year-to-Date</b> > \$ 156.50		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> MILEY LINDA J.  32531 Adriatic Dr  Dana Point CA 92629  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. National Accts  <b>Aggregate Year-to-Date</b> > \$ 204.00		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER CHARLOTTE  2252 Collingwood St  Detroit MI 48206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 277.48		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 12.89	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER CHARLOTTE  2252 Collingwood St  Detroit MI 48206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 290.35		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 12.89	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER CHARLOTTE  2252 Collingwood St  Detroit MI 48206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 303.24		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 12.89	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER DAVID BRYANT  19634 Windwood Drive  Woodbridge CA 95258  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 232.84		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 10.70	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER DAVID BRYANT  19634 Windwood Drive  Woodbridge CA 95258  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 243.64		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 10.70	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>385 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER DAVID BRYANT  19634 Windwood Drive  Woodbridge CA 95258  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 254.34	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.70	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER GERARDA M.  3521 Woodlake Dr  Allison Park PA 15101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 313.38	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  14.48	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER GERARDA M.  3521 Woodlake Dr  Allison Park PA 15101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 328.27	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  14.89	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER GERARDA M.  3521 Woodlake Dr  Allison Park PA 15101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 343.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  14.89	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER LINDSEY S.  208 Hickory Tree  Mount Juliet TN 37122  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 338.08	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  15.61	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER LINDSEY S.  208 Hickory Tree  Mount Juliet TN 37122  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 353.69	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  15.61	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER LINDSEY S.  208 Hickory Tree  Mount Juliet TN 37122  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 369.30	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  15.61	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	386 / 631
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER MURRAY K.  538 Hawthorne Rd  Frankfort IL 60423		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 256.62			
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER MURRAY K.  538 Hawthorne Rd  Frankfort IL 60423		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 308.27			
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER MURRAY K.  538 Hawthorne Rd  Frankfort IL 60423		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 322.92			
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER PAUL F  3650 Regal Pl Apt 31  Los Angeles CA 90068		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep - Tas			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER PAUL F  3650 Regal Pl Apt 31  Los Angeles CA 90068		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep - Tas			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER PAUL F  3650 Regal Pl Apt 31  Los Angeles CA 90068		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep - Tas			
		<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER R. DAVID  108 Cricket Ln  Cary NC 27511		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 24.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Science & Econ Policy			
		<b>Aggregate Year-to-Date</b> > \$ 533.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>387 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER R. DAVID  108 Cricket Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Science & Econ Policy  <b>Aggregate Year-to-Date</b> > \$ 557.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 24.50	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER R. DAVID  105 Cricket Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Science & Econ Policy  <b>Aggregate Year-to-Date</b> > \$ 582.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 24.50	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER STEPHEN JOHN  37 Clover Hill Circle  Egg Harbor Townshi NJ 08234  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER STEPHEN JOHN  37 Clover Hill Circle  Egg Harbor Townshi NJ 08234  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER STEPHEN JOHN  37 Clover Hill Circle  Egg Harbor Townshi NJ 08234  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER STEWART L.  605 N Victoria Park Rd  Fort Lauderdale FL 33304  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER STEWART L.  608 N Victoria Park Rd  Fort Lauderdale FL 33304  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>388 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MILLER STEWART L.  608 N Victoria Park Rd  Fort Lauderdale FL 33304	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER THOMAS K.  6525 Nw 112th St  Oklahoma City OK 73162	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.58
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 295.64		
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER THOMAS K.  6525 Nw 112th St  Oklahoma City OK 73162	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.58
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 309.22		
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER THOMAS K.  6525 Nw 112th St  Oklahoma City OK 73162	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.58
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 322.80		
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER WILLIAM A.  3019 Greenwood Dr  Bismarck ND 58501	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER WILLIAM A.  3019 Greenwood Dr  Bismarck ND 58501	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER WILLIAM A.  3019 Greenwood Dr  Bismarck ND 58501	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>389 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MILLER WILLIAM L.  405 New Castle Way  Maple Bluff WI 53704	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.66
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 218.78		
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER WILLIAM L.  405 New Castle Way  Maple Bluff WI 53704	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.66
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 233.42		
<b>Full Name, Mailing Address, and ZIP Code</b> MILLER WILLIAM L.  405 New Castle Way  Maple Bluff WI 53704	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.66
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.08		
<b>Full Name, Mailing Address, and ZIP Code</b> MILLION RICHARD E.  3604 Crest Rd  Kingsport TN 37664	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.51
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 271.74		
<b>Full Name, Mailing Address, and ZIP Code</b> MILLION RICHARD E.  3604 Crest Rd  Kingsport TN 37664	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.51
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 284.25		
<b>Full Name, Mailing Address, and ZIP Code</b> MILLION RICHARD E.  3604 Crest Rd  Kingsport TN 37664	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.51
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 296.76		
<b>Full Name, Mailing Address, and ZIP Code</b> MILLIT SAMUEL E.  705 Royal Anne Lane #303  Raleigh NC 27615	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.58
	Occupation Sales & Mktg Assoc II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 229.04		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>390 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MILLIT SAMUEL E.  705 Royal Anne Lane #303  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  10.58
	Occupation Sales & Mktg Assoc II	Aggregate Year-to-Date > \$ 239.62	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLIT SAMUEL E.  705 Royal Anne Lane #303  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  15.63
	Occupation Sales & Mktg Assoc II	Aggregate Year-to-Date > \$ 255.25	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLS DAVID L.  4617 Ringold Dr  Fort Worth TX 76133  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  19.13
	Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date > \$ 414.80	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLS DAVID L.  4617 Ringold Dr  Fort Worth TX 76133  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  19.13
	Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date > \$ 433.93	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLS DAVID L.  4617 Ringold Dr  Fort Worth TX 76133  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  19.13
	Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date > \$ 453.06	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLS JERRY L.  1302 River Rd  Maumee OH 43537  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  14.39
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 312.32	
<b>Full Name, Mailing Address, and ZIP Code</b> MILLS JERRY L.  1302 River Rd  Maumee OH 43537  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  14.39
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 328.71	

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	391 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MILLS JERRY L.  1302 River Rd  Maumee OH 43537		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.39
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 341.10			
<b>Full Name, Mailing Address, and ZIP Code</b> MIMIKOS EDWARD G.  13352 Diegel Dr  Shelby Twp MI 48315		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 288.14			
<b>Full Name, Mailing Address, and ZIP Code</b> MIMIKOS EDWARD G.  13352 Diegel Dr  Shelby Twp MI 48315		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 312.48			
<b>Full Name, Mailing Address, and ZIP Code</b> MIMIKOS EDWARD G.  13352 Diegel Dr  Shelby Twp MI 48315		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 326.82			
<b>Full Name, Mailing Address, and ZIP Code</b> MINOR JAMES ROBERT  5072 Sunset Fairways Dr  Holy Springs NC 27540		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Si/Ci Disease Area Prjt Ldr			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> MINOR JAMES ROBERT  5072 Sunset Fairways Dr  Holy Springs NC 27540		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Si/Ci Disease Area Prjt Ldr			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> MINOR JAMES ROBERT  5072 Sunset Fairways Dr  Holy Springs NC 27540		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Si/Ci Disease Area Prjt Ldr			
		<b>Aggregate Year-to-Date</b> > \$ 200.18			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>392 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MINTON BETTY M.  2009 Raccoon Run  Clayton NC 27520	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Dir. Distrib & Inter Logis Svc	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MINTON BETTY M.  2009 Raccoon Run  Clayton NC 27520	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Dir. Distrib & Inter Logis Svc	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MINTON BETTY M.  2009 Raccoon Run  Clayton NC 27520	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Dir. Distrib & Inter Logis Svc	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> MISTRY BHUPENDRA U.  3655 Spencer St  Torrance CA 90503	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 15.19	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep - Tas	Aggregate Year-to-Date > \$ 331.54		
<b>Full Name, Mailing Address, and ZIP Code</b> MISTRY BHUPENDRA U.  3655 Spencer St  Torrance CA 90503	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 15.19	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep - Tas	Aggregate Year-to-Date > \$ 346.73		
<b>Full Name, Mailing Address, and ZIP Code</b> MISTRY BHUPENDRA U.  3655 Spencer St  Torrance CA 90503	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.19	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep - Tas	Aggregate Year-to-Date > \$ 361.92		
<b>Full Name, Mailing Address, and ZIP Code</b> MITCHELL JOHN M.  77 Chestnut Ridge Rd  Arden NC 28704	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 220.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>393 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MITCHELL JOHN M.  77 Chestnut Ridge Rd  Arden NC 28704	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MITCHELL JOHN M.  77 Chestnut Ridge Rd  Arden NC 28704	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MITCHELL MICHAEL A.  1035 Timberfield Dr  Balwin MO 63021	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.85	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 283.94		
<b>Full Name, Mailing Address, and ZIP Code</b> MITCHELL MICHAEL A.  1035 Timberfield Dr  Balwin MO 63021	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.85	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 297.79		
<b>Full Name, Mailing Address, and ZIP Code</b> MITCHELL MICHAEL A.  1035 Timberfield Dr  Balwin MO 63021	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.85	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 311.64		
<b>Full Name, Mailing Address, and ZIP Code</b> MITCHELL SCOTT R.  610 S Magnolia Pl  Broken Arrow OK 74012	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.58	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 216.62		
<b>Full Name, Mailing Address, and ZIP Code</b> MITCHELL SCOTT R.  610 S Magnolia Pl  Broken Arrow OK 74012	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.88	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 226.60		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>394 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MITCHELL SCOTT R.  610 S Magnolia Pl  Broken Arrow OK 74012  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 238.58	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.88	
<b>Full Name, Mailing Address, and ZIP Code</b> MITCHELL STEVEN R.  9405 Maritou Springs Ln  Austin TX 78717  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Reg Prof Affairs  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MITCHELL STEVEN R.  9405 Maritou Springs Ln  Austin TX 78717  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Reg Prof Affairs  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MITCHELL STEVEN R.  9405 Maritou Springs Ln  Austin TX 78717  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Reg Prof Affairs  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MOATS ANTONIA C.  509 S Missouri Ave  Belleville IL 62220  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MOATS ANTONIA C.  509 S Missouri Ave  Belleville IL 62220  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MOATS ANTONIA C.  509 S Missouri Ave  Belleville IL 62220  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>395 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MOE JEFFREY L.  806 Kenmore Road  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Business Strategy  <b>Aggregate Year-to-Date</b> > \$ 802.92	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 27.73	
<b>Full Name, Mailing Address, and ZIP Code</b> MOE JEFFREY L.  806 Kenmore Road  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Business Strategy  <b>Aggregate Year-to-Date</b> > \$ 830.65	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 27.73	
<b>Full Name, Mailing Address, and ZIP Code</b> MOE JEFFREY L.  806 Kenmore Road  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Business Strategy  <b>Aggregate Year-to-Date</b> > \$ 858.38	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 27.73	
<b>Full Name, Mailing Address, and ZIP Code</b> MOERBE LARRY L.  6830 Wagonwheel Ln  Houston TX 77088  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MOERBE LARRY L.  6830 Wagonwheel Ln  Houston TX 77088  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MOERBE LARRY L.  6830 Wagonwheel Ln  Houston TX 77088  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MOERMAN MICHAEL E.  21420 Pine Tree Dr #202  Santa Clarita CA 91321  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 205.20	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.48	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>396 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MOERMAN MICHAEL E.  21420 Flame Tree Dr #202  Santa Clarita CA 91321  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 214.68	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.48	
<b>Full Name, Mailing Address, and ZIP Code</b> MOERMAN MICHAEL E.  21420 Flame Tree Dr #202  Santa Clarita CA 91321  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 224.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.48	
<b>Full Name, Mailing Address, and ZIP Code</b> MOLAND MICHAEL A.  609 S 126th St  Omaha NE 68154  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MOLAND MICHAEL A.  609 S 126th St  Omaha NE 68154  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MOLAND MICHAEL A.  609 S 126th St  Omaha NE 68154  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. District Sales Manager  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MONTAGUE ROBERT C.  116 Haringey Dr  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Regional Strategic Sourc  Aggregate Year-to-Date > \$ 684.46	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 31.48	
<b>Full Name, Mailing Address, and ZIP Code</b> MONTAGUE ROBERT C.  116 Haringey Dr  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Regional Strategic Sourc  Aggregate Year-to-Date > \$ 715.94	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 31.48	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>397 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MONTAGUE ROBERT C.  116 Haringay Dr  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  31.48
	Occupation Dir. Regional Strategic Sourc	Aggregate Year-to-Date $\gg$ \$ 747.42	
<b>Full Name, Mailing Address, and ZIP Code</b> MONTGOMERY CATHERINE A.  1022 Colleton Way  New Bern NC 28562  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.34
	Occupation Executive Sales Rep	Aggregate Year-to-Date $\gg$ \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> MONTGOMERY CATHERINE A.  1022 Colleton Way  New Bern NC 28562  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
	Occupation Executive Sales Rep	Aggregate Year-to-Date $\gg$ \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> MONTGOMERY CATHERINE A.  1022 Colleton Way  New Bern NC 28562  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  8.34
	Occupation Executive Sales Rep	Aggregate Year-to-Date $\gg$ \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> MONZINGO ELIZABETH A.  2408 Yorktown St Apt 181  Houston TX 77056  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.34
	Occupation Sr. Sales Rep	Aggregate Year-to-Date $\gg$ \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> MONZINGO ELIZABETH A.  2408 Yorktown St Apt 181  Houston TX 77056  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
	Occupation Sr. Sales Rep	Aggregate Year-to-Date $\gg$ \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> MONZINGO ELIZABETH A.  2408 Yorktown St Apt 181  Houston TX 77056  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  8.34
	Occupation Sr. Sales Rep	Aggregate Year-to-Date $\gg$ \$ 200.16	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>398 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MOODY JESSIE S.  9306 Fall Ct W  Brentwood TN 37027  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Reg Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 422.20	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.48	
<b>Full Name, Mailing Address, and ZIP Code</b> MOODY JESSIE S.  9306 Fall Ct W  Brentwood TN 37027  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Reg Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 441.68	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.48	
<b>Full Name, Mailing Address, and ZIP Code</b> MOODY JESSIE S.  9306 Fall Ct W  Brentwood TN 37027  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Reg Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 461.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 19.48	
<b>Full Name, Mailing Address, and ZIP Code</b> MOORE JOSEPH D.  920 Emerson St Apt E200  Philadelphia PA 19111  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.23	
<b>Full Name, Mailing Address, and ZIP Code</b> MOORE JOSEPH D.  920 Emerson St Apt E200  Philadelphia PA 19111  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 209.23	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.23	
<b>Full Name, Mailing Address, and ZIP Code</b> MOORE JOSEPH D.  920 Emerson St Apt E200  Philadelphia PA 19111  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 218.46	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.23	
<b>Full Name, Mailing Address, and ZIP Code</b> MOORE NANCY W.  20340 Cathedral Oaks Dr.  Cornelius NC 28031  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 341.78	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.74	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>399 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MOORE NANCY W.  20340 Cathedral Oaks Dr.  Cornelius NC 28031	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.74	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 357.52		
<b>Full Name, Mailing Address, and ZIP Code</b> MOORE NANCY W.  20340 Cathedral Oaks Dr.  Cornelius NC 28031	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.74	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 373.26		
<b>Full Name, Mailing Address, and ZIP Code</b> MOORE RONALD N.  20340 Cathedral Oaks Rd  Cornelius NC 28031	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Mgr. Trade Dev	<b>Aggregate Year-to-Date</b> > \$ 192.50		
<b>Full Name, Mailing Address, and ZIP Code</b> MOORE RONALD N.  20340 Cathedral Oaks Rd  Cornelius NC 28031	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Mgr. Trade Dev	<b>Aggregate Year-to-Date</b> > \$ 201.25		
<b>Full Name, Mailing Address, and ZIP Code</b> MOORE RONALD N.  20340 Cathedral Oaks Rd  Cornelius NC 28031	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Mgr. Trade Dev	<b>Aggregate Year-to-Date</b> > \$ 210.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MOORE STEVEN D.  13308 College Valley Ln  Richmond VA 23233	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Mgr. Fed Health Systems	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MOORE STEVEN D.  13308 College Valley Ln  Richmond VA 23233	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Mgr. Fed Health Systems	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>400 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MOORE STEVEN D.  13308 College Valley Ln  Richmond VA 23233  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Mgr. Fed Health Systems		
	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> MORGAN FREDERICK ALLAN  9701 Talman Ct  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.14
	Occupation Assoc. Sales Trng Mgr		
	Aggregate Year-to-Date > \$ 371.20		
<b>Full Name, Mailing Address, and ZIP Code</b> MORGAN FREDERICK ALLAN  9701 Talman Ct  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.14
	Occupation Assoc. Sales Trng Mgr		
	Aggregate Year-to-Date > \$ 388.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MORGAN FREDERICK ALLAN  9701 Talman Ct  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.14
	Occupation Assoc. Sales Trng Mgr		
	Aggregate Year-to-Date > \$ 405.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MORGAN JERRY LEE  2106 Scotsdale Court  Winterville NC 28590  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MORGAN JERRY LEE  2106 Scotsdale Court  Winterville NC 28590  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MORGAN JERRY LEE  2106 Scotsdale Court  Winterville NC 28590  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date > \$ 200.18		

**SUBTOTALS** of Receipts This Page (Optional) .....

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



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	401 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MORISON CLARE L.  1121 Arlington Blvd. Apt 433 Arlington VA 22209		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> MORISON CLARE L.  1121 Arlington Blvd. Apt 433 Arlington VA 22209		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> MORISON CLARE L.  1121 Arlington Blvd. Apt 433 Arlington VA 22209		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> MORRELL MARY BETH  367 Overlook Dr. Blountville TN 37617		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 345.42			
<b>Full Name, Mailing Address, and ZIP Code</b> MORRELL MARY BETH  367 Overlook Dr. Blountville TN 37617		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 361.35			
<b>Full Name, Mailing Address, and ZIP Code</b> MORRELL MARY BETH  367 Overlook Dr. Blountville TN 37617		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 377.28			
<b>Full Name, Mailing Address, and ZIP Code</b> MORRIS A. J.  3907 Triple Crown Dr Florissant MO 63034		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 392.08			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>402 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MORRIS A. J.  3907 Triple Crown Dr  Florissant MO 63034  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 410.05	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.89	
<b>Full Name, Mailing Address, and ZIP Code</b> MORRIS A. J.  3907 Triple Crown Dr  Florissant MO 63034  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 428.04	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.99	
<b>Full Name, Mailing Address, and ZIP Code</b> MORRIS KATHERINE L.  7150 Dalewood Drive  Florence AL 35630  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 212.78	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.83	
<b>Full Name, Mailing Address, and ZIP Code</b> MORRIS KATHERINE L.  7150 Dalewood Drive  Florence AL 35630  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 222.61	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.83	
<b>Full Name, Mailing Address, and ZIP Code</b> MORRIS KATHERINE L.  7150 Dalewood Drive  Florence AL 35630  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 232.44	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.83	
<b>Full Name, Mailing Address, and ZIP Code</b> MORRIS MICHAEL L.  120 Huntsmoor Ln  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Policy Advocacy  <b>Aggregate Year-to-Date</b> > \$ 425.14	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.54	
<b>Full Name, Mailing Address, and ZIP Code</b> MORRIS MICHAEL L.  120 Huntsmoor Ln  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Policy Advocacy  <b>Aggregate Year-to-Date</b> > \$ 444.68	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.54	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>403 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MORRIS MICHAEL L.  120 Huntsmoor Ln  Cary NC 27513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 19.54
	Occupation Dir. Policy Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 464.22		
<b>Full Name, Mailing Address, and ZIP Code</b> MORRISON NANCY L.  1280 Bison #B9-423  Newport Beach CA 92660	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MORRISON NANCY L.  1280 Bison #B9-423  Newport Beach CA 92660	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MORRISON NANCY L.  1280 Bison #B9-423  Newport Beach CA 92660	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> MORRISSEY KENNETH S.  8 Lois Court  Hacketstown NJ 07840	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MORRISSEY KENNETH S.  8 Lois Court  Hacketstown NJ 07840	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MORRISSEY KENNETH S.  8 Lois Court  Hacketstown NJ 07840	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>404 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MORROW GEORGE J.  3102 Devon Road  Durham NC 27707	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 100.00
	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1200.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MORSE KIMBERLY PANZA  5819 Stratford Gardens Dr  Sugarland TX 77479	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.33
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 266.52		
<b>Full Name, Mailing Address, and ZIP Code</b> MORSE KIMBERLY PANZA  5819 Stratford Gardens Dr  Sugarland TX 77479	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.33
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 278.85		
<b>Full Name, Mailing Address, and ZIP Code</b> MORSE KIMBERLY PANZA  5819 Stratford Gardens Dr  Sugarland TX 77479	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.33
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 291.18		
<b>Full Name, Mailing Address, and ZIP Code</b> MORTIS PHIL W.  Po Box 6349  Evansville IN 47719	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.51
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 293.14		
<b>Full Name, Mailing Address, and ZIP Code</b> MORTIS PHIL W.  Po Box 6349  Evansville IN 47719	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.51
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 306.65		
<b>Full Name, Mailing Address, and ZIP Code</b> MORTIS PHIL W.  Po Box 6349  Evansville IN 47719	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.51
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 320.16		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>405 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MOSER MARY BETH  28 E 7 Stars Rd  Phoenixville PA 19460	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MOSER MARY BETH  28 E 7 Stars Rd  Phoenixville PA 19460	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MOSER MARY BETH  28 E 7 Stars Rd  Phoenixville PA 19460	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> MOSHER DAVID J.  1500 Maple Hill Rd  Castleton On Hudson NY 12033	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MOSHER DAVID J.  1500 Maple Hill Rd  Castleton On Hudson NY 12033	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MOSHER DAVID J.  1500 Maple Hill Rd  Castleton On Hudson NY 12033	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> MOTT GLEN P.  23232 W Cicely Ct  Valencia CA 91354	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.61
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 211.42		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	406 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MOTT GLEN P.  23232 W Cicely Ct  Valencia CA 91354		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.61
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 221.03			
<b>Full Name, Mailing Address, and ZIP Code</b> MOTT GLEN P.  23232 W Cicely Ct  Valencia CA 91354		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.61
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 230.64			
<b>Full Name, Mailing Address, and ZIP Code</b> MOULTON SUSANNE G.  1022 Kimball Dr  Durham NC 27705		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 27.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Patient Asst & Reim Progs			
		<b>Aggregate Year-to-Date</b> > \$ 585.68			
<b>Full Name, Mailing Address, and ZIP Code</b> MOULTON SUSANNE G.  1022 Kimball Dr  Durham NC 27705		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 27.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Patient Asst & Reim Progs			
		<b>Aggregate Year-to-Date</b> > \$ 612.70			
<b>Full Name, Mailing Address, and ZIP Code</b> MOULTON SUSANNE G.  1022 Kimball Dr  Durham NC 27705		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 27.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Patient Asst & Reim Progs			
		<b>Aggregate Year-to-Date</b> > \$ 639.72			
<b>Full Name, Mailing Address, and ZIP Code</b> MRAZIK ERNEST M.  53 Parker St Apt C-306  Wallingford CT 06492		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Tas			
		<b>Aggregate Year-to-Date</b> > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MRAZIK ERNEST M.  53 Parker St Apt C-306  Wallingford CT 06492		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Tas			
		<b>Aggregate Year-to-Date</b> > \$ 230.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>407 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MRAZIK ERNEST M.  53 Parker St Apt C-306 Wallingford CT 06492	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Executive Sales Rep - Tax		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MUELLER MICHAEL P.  12 Mayapple Pl Durham NC 27705	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.00
	Occupation Mgr. Facilities Svcs		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 188.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MUELLER MICHAEL P.  12 Mayapple Pl Durham NC 27705	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.00
	Occupation Mgr. Facilities Svcs		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 207.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MUELLER MICHAEL P.  12 Mayapple Pl Durham NC 27705	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.00
	Occupation Mgr. Facilities Svcs		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 216.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MULLINS JOHN A.  880 Ferway Pk Beaumont TX 77706	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.94
	Occupation Sr. Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 220.04			
<b>Full Name, Mailing Address, and ZIP Code</b> MULLINS JOHN A.  880 Ferway Pk Beaumont TX 77706	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.94
	Occupation Sr. Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 230.98			
<b>Full Name, Mailing Address, and ZIP Code</b> MULLINS JOHN A.  880 Ferway Pk Beaumont TX 77706	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.94
	Occupation Sr. Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 241.92			

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				<b>408 / 631</b>
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				FOR LINE NUMBER <b>11A1</b>
<b>Full Name, Mailing Address, and ZIP Code</b> MUNSHOWER STEPHEN A.  4636 Hidden Harbor Ln  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation VP Pub Affrs/HiHcr Coalitions  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 20.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MURDOLO FRANK J.  223 Pine Way  New Providence NJ 07974  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation VP & Dir Investor Relations  Aggregate Year-to-Date > \$ 1082.61	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 51.04	
<b>Full Name, Mailing Address, and ZIP Code</b> MURPHY MELISSA LYNN  29606 North Tatum Blvd. #106  Cave Creek AZ 85331  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 198.40	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.16	
<b>Full Name, Mailing Address, and ZIP Code</b> MURPHY MELISSA LYNN  29608 North Tatum Blvd. #106  Cave Creek AZ 85331  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 207.56	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.16	
<b>Full Name, Mailing Address, and ZIP Code</b> MURPHY MELISSA LYNN  29606 North Tatum Blvd. #106  Cave Creek AZ 85331  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 216.72	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.16	
<b>Full Name, Mailing Address, and ZIP Code</b> MURPHY MICHAEL S.  18 Patriot Ln  Feeding Hills MA 01030  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MURPHY MICHAEL S.  18 Patriot Ln  Feeding Hills MA 01030  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	409 / 631
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MURPHY MICHAEL S.  18 Patriot Ln Feeding Hills MA 01030		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst		<b>Aggregate Year-to-Date</b> > \$ 240.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MURPHY SHIRLEY  2311 Ridgefield Dr. Chapel Hill NC 27514		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 54.17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> VP Dermatolgy		<b>Aggregate Year-to-Date</b> > \$ 1118.15	
<b>Full Name, Mailing Address, and ZIP Code</b> MURPHY TIMOTHY J.  Po Box 1786 Westfield MA 01086		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst		<b>Aggregate Year-to-Date</b> > \$ 348.58	
<b>Full Name, Mailing Address, and ZIP Code</b> MURPHY TIMOTHY J.  Po Box 1786 Westfield MA 01086		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst		<b>Aggregate Year-to-Date</b> > \$ 362.56	
<b>Full Name, Mailing Address, and ZIP Code</b> MURPHY TIMOTHY J.  Po Box 1786 Westfield MA 01086		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst		<b>Aggregate Year-to-Date</b> > \$ 378.54	
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY COLLEEN LOUISE  5118 Rusty Tr Abelne TX 79806		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.82
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 213.52	
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY COLLEEN LOUISE  5118 Rusty Tr Abelne TX 79806		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.82
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 223.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>410 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY COLLEEN LOUISE  5118 Rusty Tr  Abilene TX 79606	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.82
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 233.18		
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY JOHN G.  4652 Whipponwill Dr  Hermitage PA 16148	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.46
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 349.34		
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY JOHN G.  4652 Whipponwill Dr  Hermitage PA 16148	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.46
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 365.80		
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY JOHN G.  4652 Whipponwill Dr  Hermitage PA 16148	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.46
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 382.26		
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY JONATHAN W.  5847 Quail Meadows Dr  Poplar Bluff MO 63901	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY JONATHAN W.  5847 Quail Meadows Dr  Poplar Bluff MO 63901	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY JONATHAN W.  5847 Quail Meadows Dr  Poplar Bluff MO 63901	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	411 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY JULIE A.  14442 Club Circle  Alpharetta GA 30004		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Reg. Sales Dir			
		<b>Aggregate Year-to-Date</b> > \$ 440.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY JULIE A.  14442 Club Circle  Alpharetta GA 30004		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Reg. Sales Dir			
		<b>Aggregate Year-to-Date</b> > \$ 460.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY JULIE A.  14442 Club Circle  Alpharetta GA 30004		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Reg. Sales Dir			
		<b>Aggregate Year-to-Date</b> > \$ 480.00			
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY MICHAEL C.  1392 Maplewood Dr  Saline MI 48176		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 362.62			
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY MICHAEL C.  1392 Maplewood Dr  Saline MI 48176		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 379.44			
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY MICHAEL C.  1392 Maplewood Dr  Saline MI 48176		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 396.06			
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY MICHAEL O  3311 Blackburn St. #106  Dallas TX 75204		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>412 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY MICHAEL O  3311 Blackburn St. #106  Dallas TX 75204	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MURRAY MICHAEL O  3311 Blackburn St. #106  Dallas TX 75204	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> MURTHA THERESA R  20 Soma Ln  Commack NY 11725	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MURTHA THERESA R  20 Soma Ln  Commack NY 11725	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> MURTHA THERESA R  20 Soma Ln  Commack NY 11725	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> MUSSEr BRIAN  P.O. Box 190  Weedville PA 15868	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> MUSSEr BRIAN  P.O. Box 190  Weedville PA 15868	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>413 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MUSSER BRIAN  P.O. Box 190  Weadville PA 15868  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> MYERS CRAIG JEROME  5306 Strathmore Drive  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 291.06	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.68	
<b>Full Name, Mailing Address, and ZIP Code</b> MYERS CRAIG JEROME  5306 Strathmore Drive  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 304.74	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.68	
<b>Full Name, Mailing Address, and ZIP Code</b> MYERS CRAIG JEROME  5306 Strathmore Drive  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 318.42	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.68	
<b>Full Name, Mailing Address, and ZIP Code</b> MYERS DAWN  8163 Redlands St Apt 52  Playa Del Rey CA 90293  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 228.18	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.46	
<b>Full Name, Mailing Address, and ZIP Code</b> MYERS DAWN  8163 Redlands St Apt 52  Playa Del Rey CA 90293  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 239.64	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.46	
<b>Full Name, Mailing Address, and ZIP Code</b> MYERS DAWN  8163 Redlands St Apt 52  Playa Del Rey CA 90293  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 251.10	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.46	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>414 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> NAPPI TRINA R.  740 Sidney Marcus Blvd. #6103  Atlanta GA 30324  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> NAPPI TRINA R.  740 Sidney Marcus Blvd. #6103  Atlanta GA 30324  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> NAPPI TRINA R.  740 Sidney Marcus Blvd. #6103  Atlanta GA 30324  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> NASER NIDAL  17251 Rolando Ave  Castro Valley CA 94546  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> NASER NIDAL  17251 Rolando Ave  Castro Valley CA 94546  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> NASER NIDAL  17251 Rolando Ave  Castro Valley CA 94546  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> NAUMAN ROBERT B.  108 S Fern Abbey Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Marketing  <b>Aggregate Year-to-Date</b> > \$ 389.40	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.70	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>415 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> NAUMAN ROBERT B.  108 S Fern Abbey Ln  Cary NC 27511	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.70	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Marketing	<b>Aggregate Year-to-Date</b> > \$ 407.10		
<b>Full Name, Mailing Address, and ZIP Code</b> NAUMAN ROBERT B.  108 S Fern Abbey Ln  Cary NC 27511	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.70	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Marketing	<b>Aggregate Year-to-Date</b> > \$ 424.80		
<b>Full Name, Mailing Address, and ZIP Code</b> NEAL WILLIAM M.  1625 Blue Spruce Ct  Derby KS 67037	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 183.70		
<b>Full Name, Mailing Address, and ZIP Code</b> NEAL WILLIAM M.  1625 Blue Spruce Ct  Derby KS 67037	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 192.05		
<b>Full Name, Mailing Address, and ZIP Code</b> NEAL WILLIAM M.  1625 Blue Spruce Ct  Derby KS 67037	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 200.40		
<b>Full Name, Mailing Address, and ZIP Code</b> NEGRI LAURIE A.  591 Thomcliffe Dr  Pittsburgh PA 15205	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.55	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 293.84		
<b>Full Name, Mailing Address, and ZIP Code</b> NEGRI LAURIE A.  591 Thomcliffe Dr  Pittsburgh PA 15205	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.85	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 307.89		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>416 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> NEGRI LAURIE A.  581 Thomcliffe Dr  Pittsburgh PA 15205  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 321.84	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.85	
<b>Full Name, Mailing Address, and ZIP Code</b> NELSON JANET E.  8662 Winterfest Ct  Elk Grove CA 95624  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 192.93	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 5.00	
<b>Full Name, Mailing Address, and ZIP Code</b> NELSON JANET E.  8662 Winterfest Ct  Elk Grove CA 95624  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 197.93	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 5.00	
<b>Full Name, Mailing Address, and ZIP Code</b> NELSON JANET E.  8662 Winterfest Ct  Elk Grove CA 95624  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 202.93	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 5.00	
<b>Full Name, Mailing Address, and ZIP Code</b> NELSON JERRY W.  16002 S 9th Pl  Phoenix AZ 85048  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> NELSON JERRY W.  16002 S 9th Pl  Phoenix AZ 85048  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 210.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> NELSON JERRY W.  16002 S 9th Pl  Phoenix AZ 85048  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>417 / 631</b>
			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> NELSON JOHN  9870 Hunt Club Way  Alpharetta GA 30022	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Sales Dir			
<b>Aggregate Year-to-Date</b> > \$ 220.00				
<b>Full Name, Mailing Address, and ZIP Code</b> NELSON JOHN  9870 Hunt Club Way  Alpharetta GA 30022	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Sales Dir			
<b>Aggregate Year-to-Date</b> > \$ 230.00				
<b>Full Name, Mailing Address, and ZIP Code</b> NELSON JOHN  9870 Hunt Club Way  Alpharetta GA 30022	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Sales Dir			
<b>Aggregate Year-to-Date</b> > \$ 240.00				
<b>Full Name, Mailing Address, and ZIP Code</b> NELSON LARRY B.  1629 Brook Run Dr  Raleigh NC 27614	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sec. Hd. Computer Validation			
<b>Aggregate Year-to-Date</b> > \$ 183.48				
<b>Full Name, Mailing Address, and ZIP Code</b> NELSON LARRY B.  1629 Brook Run Dr  Raleigh NC 27814	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sec. Hd. Computer Validation			
<b>Aggregate Year-to-Date</b> > \$ 191.82				
<b>Full Name, Mailing Address, and ZIP Code</b> NELSON LARRY B.  1629 Brook Run Dr  Raleigh NC 27814	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sec. Hd. Computer Validation			
<b>Aggregate Year-to-Date</b> > \$ 200.16				
<b>Full Name, Mailing Address, and ZIP Code</b> NEUFELD STEVEN R  6360 Volica Court  Sparks NV 89436	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep			
<b>Aggregate Year-to-Date</b> > \$ 183.48				
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>418 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> NEUFELD STEVEN R  6360 Volice Court  Sparks NV 89436  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date $\gg$ \$ 151.82		
<b>Full Name, Mailing Address, and ZIP Code</b> NEUFELD STEVEN R  6360 Volice Court  Sparks NV 89436  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date $\gg$ \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> NEV-MAGUIRE PATRICIA ANN  718 Gainet St.  Redondo Beach CA 90277  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.17
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date $\gg$ \$ 223.60		
<b>Full Name, Mailing Address, and ZIP Code</b> NEV-MAGUIRE PATRICIA ANN  718 Gainet St.  Redondo Beach CA 90277  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.50
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date $\gg$ \$ 236.10		
<b>Full Name, Mailing Address, and ZIP Code</b> NICHOL DAVID A.  108 Cannon Gate Drive  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date $\gg$ \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> NICHOL DAVID A.  108 Cannon Gate Drive  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date $\gg$ \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> NICHOL DAVID A.  108 Cannon Gate Drive  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
	Aggregate Year-to-Date $\gg$ \$ 200.18		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>419 / 631</b> Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> NICHOLS THOMAS A.  7 Winn Rd  Nashua NH 03062  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 220.00		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> NICHOLS THOMAS A.  7 Winn Rd  Nashua NH 03062  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 230.00		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> NICHOLS THOMAS A.  7 Winn Rd  Nashua NH 03062  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 240.00		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> NIEDERMEYER JEAN M.  408 Boum Ave  Columbia MD 21023  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 365.68		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 16.84	
<b>Full Name, Mailing Address, and ZIP Code</b> NIEDERMEYER JEAN M.  408 Boum Ave  Columbia MD 21023  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 382.52		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 16.84	
<b>Full Name, Mailing Address, and ZIP Code</b> NIEDERMEYER JEAN M.  408 Boum Ave  Columbia MD 21023  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 399.36		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 16.84	
<b>Full Name, Mailing Address, and ZIP Code</b> NIMMO DALE EDWARD  7101 Derial Rd.  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Counsel I  <b>Aggregate Year-to-Date</b> > \$ 183.48		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>420 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> NIMMO DALE EDWARD  7101 Daniel Rd. Wake Forest NC 27587	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Counsel I		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> NIMMO DALE EDWARD  7101 Daniel Rd. Wake Forest NC 27587	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Counsel I		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> NISKANEN RUSSELL M.  1606 E Lake Geneva Rd Ne Alexandria MN 56308	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> NISKANEN RUSSELL M.  1606 E Lake Geneva Rd Ne Alexandria MN 56308	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> NISKANEN RUSSELL M.  1606 E Lake Geneva Rd Ne Alexandria MN 56308	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> NVA BRADLEY W.  2886 Bailey Lane Eugene OR 97401	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.50
	Occupation Sr. Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> NVA BRADLEY W.  2886 Bailey Lane Eugene OR 97401	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.50
	Occupation Sr. Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>421 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> NVA BRADLEY W.  2886 Bailey Lane  Eugene OR 97401	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 300.00		
<b>Full Name, Mailing Address, and ZIP Code</b> NOBLE ALVIN N.  23 McGinnis Rd  Edison NJ 08817	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.58	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 381.28		
<b>Full Name, Mailing Address, and ZIP Code</b> NOBLE ALVIN N.  23 McGinnis Rd  Edison NJ 08817	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.58	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 398.87		
<b>Full Name, Mailing Address, and ZIP Code</b> NOBLE ALVIN N.  23 McGinnis Rd  Edison NJ 08817	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.58	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 416.45		
<b>Full Name, Mailing Address, and ZIP Code</b> NORKA LORI  Five Moore Drive  Res. Triangle Park NC 27709	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.17	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive	<b>Aggregate Year-to-Date</b> > \$ 201.74		
<b>Full Name, Mailing Address, and ZIP Code</b> NORKA LORI  Five Moore Drive  Res. Triangle Park NC 27709	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.17	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive	<b>Aggregate Year-to-Date</b> > \$ 210.91		
<b>Full Name, Mailing Address, and ZIP Code</b> NORKA LORI  Five Moore Drive  Res. Triangle Park NC 27709	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.17	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive	<b>Aggregate Year-to-Date</b> > \$ 220.08		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>422 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> NOW GARRY J.  6901 140th St. Ct. E  Puyallup WA 98373	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> NOW GARRY J.  6901 140th St. Ct. E  Puyallup WA 98373	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> NOW GARRY J.  6901 140th St. Ct. E  Puyallup WA 98373	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> NOWAK SUSAN  1833 S Holand-Sylvania Rd  Maumee OH 43537	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.74
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 211.46		
<b>Full Name, Mailing Address, and ZIP Code</b> NOWAK SUSAN  1833 S Holand-Sylvania Rd  Maumee OH 43537	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.74
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 221.20		
<b>Full Name, Mailing Address, and ZIP Code</b> NOWAK SUSAN  1833 S Holand-Sylvania Rd  Maumee OH 43537	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.74
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.94		
<b>Full Name, Mailing Address, and ZIP Code</b> NOWOSWIAT PAUL DANIEL  11 Redand Dr  Boonton NJ 07005	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.32
	Occupation Sr. Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 273.98		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>423 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> NOWOSWIAT PAUL DANIEL  11 Redand Dr  Boonton NJ 07005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 287.28	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.32	
<b>Full Name, Mailing Address, and ZIP Code</b> NOWOSWIAT PAUL DANIEL  11 Redand Dr  Boonton NJ 07005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 300.60	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.32	
<b>Full Name, Mailing Address, and ZIP Code</b> O'CONNOR JOHN K.  1206 Withers Way  West Chester PA 19382  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 579.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 26.85	
<b>Full Name, Mailing Address, and ZIP Code</b> O'CONNOR JOHN K.  1206 Withers Way  West Chester PA 19382  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 606.33	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 26.85	
<b>Full Name, Mailing Address, and ZIP Code</b> O'CONNOR JOHN K.  1206 Withers Way  West Chester PA 19382  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 633.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 26.85	
<b>Full Name, Mailing Address, and ZIP Code</b> O'CONNOR KEVIN J.  14300 Heathland Ter  Middletown VA 23113  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 453.52	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.55	
<b>Full Name, Mailing Address, and ZIP Code</b> O'CONNOR KEVIN J.  14300 Heathland Ter  Middletown VA 23113  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 474.47	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.85	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	424 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> O'CONNOR KEVIN J.  14300 Heathland Ter  Midlothian VA 23113		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.85
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 455.42	
<b>Full Name, Mailing Address, and ZIP Code</b> O'CONNOR MICHAEL J.  7985 Sw 184th Ave  Aloha OR 97007		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Reg. Mgr. Trade Dev		<b>Aggregate Year-to-Date</b> > \$ 220.00	
<b>Full Name, Mailing Address, and ZIP Code</b> O'CONNOR MICHAEL J.  7985 Sw 184th Ave  Aloha OR 97007		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Reg. Mgr. Trade Dev		<b>Aggregate Year-to-Date</b> > \$ 230.00	
<b>Full Name, Mailing Address, and ZIP Code</b> O'CONNOR MICHAEL J.  7985 Sw 184th Ave  Aloha OR 97007		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Reg. Mgr. Trade Dev		<b>Aggregate Year-to-Date</b> > \$ 240.00	
<b>Full Name, Mailing Address, and ZIP Code</b> O'DELL BILL M.  5040 S Lafontaine Ave  Springfield MO 65810		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Inst		<b>Aggregate Year-to-Date</b> > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> O'DELL BILL M.  5040 S Lafontaine Ave  Springfield MO 65810		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Inst		<b>Aggregate Year-to-Date</b> > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> O'DELL BILL M.  5040 S Lafontaine Ave  Springfield MO 65810		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Inst		<b>Aggregate Year-to-Date</b> > \$ 200.16	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>425 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> O'DONNELL ANDREW JOHN  25 Parry Dr  Hainesport NJ 08060  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> O'DONNELL ANDREW JOHN  25 Parry Dr  Hainesport NJ 08060  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> O'DONNELL ANDREW JOHN  25 Parry Dr  Hainesport NJ 08060  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> O'GRADY CATHERINE M  3484 Surele Rd  Wantagh NY 11793  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>Full Name, Mailing Address, and ZIP Code</b> O'GRADY CATHERINE M  3484 Surele Rd  Wantagh NY 11793  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>Full Name, Mailing Address, and ZIP Code</b> O'GRADY CATHERINE M  3484 Surele Rd  Wantagh NY 11793  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>Full Name, Mailing Address, and ZIP Code</b> O'LAUGHLIN KENNETH G.  1818 Ne 6th St.  Ocala FL 34470  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 277.78	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.76		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>426 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> O'LAUGHLIN KENNETH G.  1818 Ne 6th St.  Ocala FL 34470	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 250.54		
<b>Full Name, Mailing Address, and ZIP Code</b> O'LAUGHLIN KENNETH G.  1818 Ne 6th St.  Ocala FL 34470	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 303.30		
<b>Full Name, Mailing Address, and ZIP Code</b> O'MEARA MARY G.  901 N. Hanley Rd.  University City MO 63130	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> O'MEARA MARY G.  901 N. Hanley Rd.  University City MO 63130	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> O'MEARA MARY G.  901 N. Hanley Rd.  University City MO 63130	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> O'NEILL DENNIS J.  30 E Elm St #15a  Chicago IL 60611	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.48	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 226.42		
<b>Full Name, Mailing Address, and ZIP Code</b> O'NEILL DENNIS J.  30 E Elm St #15a  Chicago IL 60611	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.48	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 236.90		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>427 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> O'NEILL DENNIS J.  30 E Elm St #15a  Chicago IL 60611  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 247.38	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  10.48
<b>Full Name, Mailing Address, and ZIP Code</b> O'SHEA PATRICK  7811 82nd St  Glendale NY 11385  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 258.76	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  12.12
<b>Full Name, Mailing Address, and ZIP Code</b> O'SHEA PATRICK  7811 82nd St  Glendale NY 11385  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 271.88	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  12.12
<b>Full Name, Mailing Address, and ZIP Code</b> O'SHEA PATRICK  7811 82nd St  Glendale NY 11385  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 284.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  12.12
<b>Full Name, Mailing Address, and ZIP Code</b> OAKLEY CHRISTY TANT  824 Young St  Raleigh NC 27808  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales Rep  Aggregate Year-to-Date > \$ 187.26	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  9.01
<b>Full Name, Mailing Address, and ZIP Code</b> OAKLEY CHRISTY TANT  824 Young St  Raleigh NC 27808  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales Rep  Aggregate Year-to-Date > \$ 196.81	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  9.55
<b>Full Name, Mailing Address, and ZIP Code</b> OAKLEY CHRISTY TANT  824 Young St  Raleigh NC 27808  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales Rep  Aggregate Year-to-Date > \$ 208.38	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  9.55
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>428 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> OCAR ROSEMARY A.  6401 Ullica Ridge Rd #21  Davenport IA 52807	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 15.87
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 345.04		
<b>Full Name, Mailing Address, and ZIP Code</b> OCAR ROSEMARY A.  6401 Ullica Ridge Rd #21  Davenport IA 52807	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 15.57
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 361.01		
<b>Full Name, Mailing Address, and ZIP Code</b> OCAR ROSEMARY A.  6401 Ullica Ridge Rd #21  Davenport IA 52807	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.87
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 378.98		
<b>Full Name, Mailing Address, and ZIP Code</b> OGUS MICHAEL D.  6420 Taylor Rd  Wendell NC 27591	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 21.27
	Occupation Systems Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 463.56		
<b>Full Name, Mailing Address, and ZIP Code</b> OGUS MICHAEL D.  6420 Taylor Rd  Wendell NC 27591	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 21.27
	Occupation Systems Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 484.83		
<b>Full Name, Mailing Address, and ZIP Code</b> OGUS MICHAEL D.  6420 Taylor Rd  Wendell NC 27591	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 21.27
	Occupation Systems Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 506.10		
<b>Full Name, Mailing Address, and ZIP Code</b> OLEXA KATHERINE HAMMOND  810 Harmony Ln  Mandeville LA 70471	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>429 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> OLEXA KATHERINE HAMMOND  810 Harmony Ln  Mandeville LA 70471  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> OLEXA KATHERINE HAMMOND  810 Harmony Ln  Mandeville LA 70471  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> OLIVER MICHAEL P.  2510 Viking Dr Nw  Rochester MN 55901  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 373.24	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  17.23	
<b>Full Name, Mailing Address, and ZIP Code</b> OLIVER MICHAEL P.  2510 VIKING Dr Nw  Rochester MN 55901  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 390.47	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  17.23	
<b>Full Name, Mailing Address, and ZIP Code</b> OLIVER MICHAEL P.  2510 Viking Dr Nw  Rochester MN 55901  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 407.70	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  17.23	
<b>Full Name, Mailing Address, and ZIP Code</b> OLIVER SAMUEL M.  1803 Tarbert Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Consultant  <b>Aggregate Year-to-Date</b> > \$ 337.36	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  15.46	
<b>Full Name, Mailing Address, and ZIP Code</b> OLIVER SAMUEL M.  1803 Tarbert Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Consultant  <b>Aggregate Year-to-Date</b> > \$ 352.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  15.46	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>430 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> OLIVER SAMUEL M.  1803 Tarbert Dr  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.45
	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 368.28		
<b>Full Name, Mailing Address, and ZIP Code</b> OLMSTEAD RICHARD M.  20 Wheatfield Dr  Wilmington DE 19810	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.77
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 381.78		
<b>Full Name, Mailing Address, and ZIP Code</b> OLMSTEAD RICHARD M.  20 Wheatfield Dr  Wilmington DE 19810	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 19.02
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.80		
<b>Full Name, Mailing Address, and ZIP Code</b> OLMSTEAD RICHARD M.  20 Wheatfield Dr  Wilmington DE 19810	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 19.02
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 419.82		
<b>Full Name, Mailing Address, and ZIP Code</b> OLSZANOWSKI ROY E.  6605 Deerview Dr  Raleigh NC 27806	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 21.02
	Occupation Sr. Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 458.18		
<b>Full Name, Mailing Address, and ZIP Code</b> OLSZANOWSKI ROY E.  6605 Deerview Dr  Raleigh NC 27806	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 21.02
	Occupation Sr. Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 479.20		
<b>Full Name, Mailing Address, and ZIP Code</b> OLSZANOWSKI ROY E.  6605 Deerview Dr  Raleigh NC 27806	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 21.02
	Occupation Sr. Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.22		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>431 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> OLTMAN MICHAEL R.  2613 N 155th St  Omaha NE 68116	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  14.11
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Sales Rep - Tas	Aggregate Year-to-Date > \$ 304.90	
<b>Full Name, Mailing Address, and ZIP Code</b> OLTMAN MICHAEL R.  2613 N 155th St  Omaha NE 68116	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  14.11
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Sales Rep - Tas	Aggregate Year-to-Date > \$ 319.01	
<b>Full Name, Mailing Address, and ZIP Code</b> OLTMAN MICHAEL R.  2613 N 155th St  Omaha NE 68116	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  14.11
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Sales Rep - Tas	Aggregate Year-to-Date > \$ 333.12	
<b>Full Name, Mailing Address, and ZIP Code</b> ONEILL ELIZABETH A.  1195 Beech Tree Ln  Bartlett IL 60103	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  22.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. Prof Affairs	Aggregate Year-to-Date > \$ 488.23	
<b>Full Name, Mailing Address, and ZIP Code</b> ONEILL ELIZABETH A.  1195 Beech Tree Ln  Bartlett IL 60103	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  22.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. Prof Affairs	Aggregate Year-to-Date > \$ 510.83	
<b>Full Name, Mailing Address, and ZIP Code</b> ONEILL ELIZABETH A.  1155 Beech Tree Ln  Bartlett IL 60103	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  22.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. Prof Affairs	Aggregate Year-to-Date > \$ 533.43	
<b>Full Name, Mailing Address, and ZIP Code</b> OSBORNE JOHN L.  2585 Bungal Ct  Lexington KY 40513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  16.79
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 364.52	

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>432 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> OSBORNE JOHN L.  2585 Sungate Ct  Lexington KY 40513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 381.31	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.79	
<b>Full Name, Mailing Address, and ZIP Code</b> OSBORNE JOHN L.  2585 Sungate Ct  Lexington KY 40513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 388.10	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.79	
<b>Full Name, Mailing Address, and ZIP Code</b> OSCARSON JAMES L.  3202 Epsom Dr  Las Vegas NV 89129  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 272.72	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.59	
<b>Full Name, Mailing Address, and ZIP Code</b> OSCARSON JAMES L.  3202 Epsom Dr  Las Vegas NV 89129  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 285.31	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.59	
<b>Full Name, Mailing Address, and ZIP Code</b> OSCARSON JAMES L.  3202 Epsom Dr  Las Vegas NV 89129  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 297.90	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.59	
<b>Full Name, Mailing Address, and ZIP Code</b> OSTING JOHN R.  6934 Bluffridge Pl  Indianapolis IN 46276  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 362.80	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.75	
<b>Full Name, Mailing Address, and ZIP Code</b> OSTING JOHN R.  6934 Bluffridge Pl  Indianapolis IN 46276  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 379.55	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.75	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>433 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> OSTING JOHN R.  6934 Bluffridge Pl  Indianapolis IN 46278  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 358.30	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  16.75	
<b>Full Name, Mailing Address, and ZIP Code</b> OSTRANDER ROBERT C.  20644 N Laurel Dr  Barrington IL 60010  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> OSTRANDER ROBERT C.  20644 N Laurel Dr  Barrington IL 60010  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> OSTRANDER ROBERT C.  20644 N Laurel Dr  Barrington IL 60010  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> OUELLETTE MICHAEL D.  50 Parker St  Maynard MA 01754  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 212.92	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  9.79	
<b>Full Name, Mailing Address, and ZIP Code</b> OUELLETTE MICHAEL D.  50 Parker St  Maynard MA 01754  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 222.71	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  9.79	
<b>Full Name, Mailing Address, and ZIP Code</b> OUELLETTE MICHAEL D.  50 Parker St  Maynard MA 01754  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 232.50	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  9.79	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	434 / 631
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> OURY DAVID R.  204 Tenbury Wells Dr  Apex NC 27502		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Product Mgr. II		<b>Aggregate Year-to-Date</b> > \$ 491.09	
<b>Full Name, Mailing Address, and ZIP Code</b> OURY DAVID R.  204 Tenbury Wells Dr  Apex NC 27502		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Product Mgr. II		<b>Aggregate Year-to-Date</b> > \$ 513.59	
<b>Full Name, Mailing Address, and ZIP Code</b> OURY DAVID R.  204 Tenbury Wells Dr  Apex NC 27502		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Product Mgr. II		<b>Aggregate Year-to-Date</b> > \$ 536.09	
<b>Full Name, Mailing Address, and ZIP Code</b> OWEN ROBIN R.  729 Live Oak Dr  El Paso TX 79932		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 317.90	
<b>Full Name, Mailing Address, and ZIP Code</b> OWEN ROBIN R.  729 Live Oak Dr  El Paso TX 79932		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 332.65	
<b>Full Name, Mailing Address, and ZIP Code</b> OWEN ROBIN R.  729 Live Oak Dr  El Paso TX 79932		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 347.40	
<b>Full Name, Mailing Address, and ZIP Code</b> OXIDINE ROBIN ANN  234 Glanstone Cir  Brentwood TN 37027		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep		<b>Aggregate Year-to-Date</b> > \$ 183.48	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		435 / 631
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> OXIDINE ROBIN ANN  234 Glenstone Cir  Brentwood TN 37027  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 151.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> OXIDINE ROBIN ANN  234 Glenstone Cir  Brentwood TN 37027  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PABLO PAUL F.  378 Melba St  Staten Island NY 10314  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 291.64	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.54	
<b>Full Name, Mailing Address, and ZIP Code</b> PABLO PAUL F.  378 Melba St  Staten Island NY 10314  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 305.18	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.54	
<b>Full Name, Mailing Address, and ZIP Code</b> PABLO PAUL F.  378 Melba St  Staten Island NY 10314  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 318.72	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.54	
<b>Full Name, Mailing Address, and ZIP Code</b> PADGETT ROBERT E.  3533 Newhaven Ct Se  Kentwood MI 49512  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 307.86	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.17	
<b>Full Name, Mailing Address, and ZIP Code</b> PADGETT ROBERT E.  3533 Newhaven Ct Se  Kentwood MI 49512  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 322.13	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.17	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>436 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PADGETT ROBERT E.  3533 Newhaven Ct Se  Kentwood MI 49512  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 338.30	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  14.17	
<b>Full Name, Mailing Address, and ZIP Code</b> PALENCER PATRICIA L.  3855 Martin Rd  Plainfield IN 46168  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PALENCER PATRICIA L.  3855 Martin Rd  Plainfield IN 46168  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PALENCER PATRICIA L.  3855 Martin Rd  Plainfield IN 46168  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PANTER JANA MICHELLE  8708 Moraine Dr.  Frisco TX 75034  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 228.28	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  10.63	
<b>Full Name, Mailing Address, and ZIP Code</b> PANTER JANA MICHELLE  8708 Moraine Dr.  Frisco TX 75034  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 238.91	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  10.63	
<b>Full Name, Mailing Address, and ZIP Code</b> PANTER JANA MICHELLE  8708 Moraine Dr.  Frisco TX 75034  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 249.54	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.63	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>437 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PAO CARI W.  8760 Mountain Valley Rd  Fairfax Station VA 22030  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PAO CARI W.  8760 Mountain Valley Rd  Fairfax Station VA 22039  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PAO CARI W.  8760 Mountain Valley Rd  Fairfax Station VA 22039  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PAOLELLA SALVATORE J.  100 Reinhold Ln  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 642.22	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 29.35	
<b>Full Name, Mailing Address, and ZIP Code</b> PAOLELLA SALVATORE J.  100 Reinhold Ln  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 671.57	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 29.35	
<b>Full Name, Mailing Address, and ZIP Code</b> PAOLELLA SALVATORE J.  100 Reinhold Ln  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 700.92	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 29.35	
<b>Full Name, Mailing Address, and ZIP Code</b> PARANT ROBERT A.  23 Houghton St  Barrington RI 02806  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 290.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.41	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>438 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PARANT ROBERT A.  23 Houghton St  Barrington RI 02806  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 304.81	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  14.35	
<b>Full Name, Mailing Address, and ZIP Code</b> PARANT ROBERT A.  23 Houghton St  Barrington RI 02806  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 318.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  14.35	
<b>Full Name, Mailing Address, and ZIP Code</b> PARIS JEANNE M.  1304 Lakeside Ln  Huntington Beach CA 92648  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PARIS JEANNE M.  1304 Lakeside Ln  Huntington Beach CA 92648  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PARIS JEANNE M.  1304 Lakeside Ln  Huntington Beach CA 92648  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PARKER GARY D.  4030 Old Sturbridge Dr  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Environ Safety - R&D  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PARKER GARY D.  4030 Old Sturbridge Dr  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Environ Safety - R&D  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>439 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PARKER GARY D.  4030 Old Sturbridge Dr  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Environ Safety - R&D  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PARKER VERA EPP  3520 Club Gate Dr  Fort Worth TX 76137  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VII  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PARKER VERA EPP  3520 Club Gate Dr  Fort Worth TX 76137  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VII  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PARKER VERA EPP  3520 Club Gate Dr  Fort Worth TX 76137  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VII  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PARKS EILEEN M.  Po Box 39  Coleyville TX 76034  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PARKS EILEEN M.  Po Box 39  Coleyville TX 76034  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PARKS EILEEN M.  Po Box 39  Coleyville TX 76034  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>440 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PARKS KEVIN R.  110 Waterstone Ln  Rolesville NC 27571  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Equipment Eng  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PARKS KEVIN R.  110 Waterstone Ln  Rolesville NC 27571  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Equipment Eng  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PARKS KEVIN R.  110 Waterstone Ln  Rolesville NC 27571  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Equipment Eng  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PARTEN MARIT ANNE  1046 Guerrero St  San Francisco CA 94110  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PARTEN MARIT ANNE  1046 Guerrero St  San Francisco CA 94110  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PARTEN MARIT ANNE  1046 Guerrero St  San Francisco CA 94110  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PATEL MAYUR N.  25820 Via Candice  Valencia CA 91355  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Regional Corp Health Mgr  <b>Aggregate Year-to-Date</b> > \$ 187.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>441 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PATEL MAYUR N.  25820 Via Candice  Valencia CA 91355  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Regional Corp Health Mgr  <b>Aggregate Year-to-Date</b> > \$ 156.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> PATEL MAYUR N.  25820 Via Candice  Valencia CA 91355  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Regional Corp Health Mgr  <b>Aggregate Year-to-Date</b> > \$ 204.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> PATRICK LAURA L.  10811 Pound Hill Ln  Charlotte NC 28277  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 298.42	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.70	
<b>Full Name, Mailing Address, and ZIP Code</b> PATRICK LAURA L.  10911 Pound Hill Ln  Charlotte NC 28277  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 310.12	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.70	
<b>Full Name, Mailing Address, and ZIP Code</b> PATRICK LAURA L.  10911 Pound Hill Ln  Charlotte NC 28277  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 323.82	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.70	
<b>Full Name, Mailing Address, and ZIP Code</b> PATTERSON DORIS E.  605 Fryar Pl  Chesapeake VA 23322  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PATTERSON DORIS E.  605 Fryar Pl  Chesapeake VA 23322  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		442 / 631
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PATTERSON DORIS E.  605 Fryar Pl Chesapeake VA 23322 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PAULINSKI STEPHEN S.  16078 Susan Marie Ct Macomb MI 48042 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PAULINSKI STEPHEN S.  16078 Susan Marie Ct Macomb MI 48042 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PAULINSKI STEPHEN S.  16078 Susan Marie Ct Macomb MI 48042 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PAVLINAC LARRY D.  10204 Rosebark Ln Raleigh NC 27814 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Prin Pkg Engr <b>Aggregate Year-to-Date</b> > \$ 332.77	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 3.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PAVLINAC LARRY D.  10204 Rosebark Ln Raleigh NC 27814 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Prin Pkg Engr <b>Aggregate Year-to-Date</b> > \$ 335.77	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 3.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PAVLINAC LARRY D.  10204 Rosebark Ln Raleigh NC 27814 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Prin Pkg Engr <b>Aggregate Year-to-Date</b> > \$ 338.77	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 3.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		443 / 631
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PAYNE-ALFORD CATHY S.  5415 Hopewell Church Rd  Pine Mountain GA 31822	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 22.23	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 478.88			
<b>Full Name, Mailing Address, and ZIP Code</b> PAYNE-ALFORD CATHY S.  5415 Hopewell Church Rd  Pine Mountain GA 31822	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 22.23	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 501.08			
<b>Full Name, Mailing Address, and ZIP Code</b> PAYNE-ALFORD CATHY S.  5415 Hopewell Church Rd  Pine Mountain GA 31822	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 22.23	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 523.32			
<b>Full Name, Mailing Address, and ZIP Code</b> PAYSAN VINCENTE S.  2540 W Gramercy Ave  Anaheim CA 92801	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> PAYSAN VINCENTE S.  2540 W Gramercy Ave  Anaheim CA 92801	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> PAYSAN VINCENTE S.  2540 W Gramercy Ave  Anaheim CA 92801	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> PECKHAM ANTHONY  6301 Winslow Dr  Huntington Beach CA 92647	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/HIV	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.70	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 361.78			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>444 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> PECKHAM ANTHONY  6301 Winslow Dr Huntington Beach CA 92647  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.70
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
	Aggregate Year-to-Date > \$ 378.48		
<b>Full Name, Mailing Address, and ZIP Code</b> PECKHAM ANTHONY  6301 Winslow Dr Huntington Beach CA 92647  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.70
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
	Aggregate Year-to-Date > \$ 395.16		
<b>Full Name, Mailing Address, and ZIP Code</b> PELLER MARK J.  Five Moore Drive Res. Triangle Park NY 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.58
	Occupation Executive		
	Aggregate Year-to-Date > \$ 189.54		
<b>Full Name, Mailing Address, and ZIP Code</b> PELLER MARK J.  Five Moore Drive Res. Triangle Park NY 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.58
	Occupation Executive		
	Aggregate Year-to-Date > \$ 204.12		
<b>Full Name, Mailing Address, and ZIP Code</b> PELLER MARK J.  Five Moore Drive Res. Triangle Park NY 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.58
	Occupation Executive		
	Aggregate Year-to-Date > \$ 218.70		
<b>Full Name, Mailing Address, and ZIP Code</b> PELLOQUIN MARK J.  15712 Becky Ln Little Rock AR 72206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.00
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 198.00		
<b>Full Name, Mailing Address, and ZIP Code</b> PELLOQUIN MARK J.  15712 Becky Ln Little Rock AR 72206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.00
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 207.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>445 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PELLOQUIN MARK J.  15712 Becky Ln  Little Rock AR 72206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 218.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PEPPE JOHN CARMIN  317 Wood Dove Ave  Tarpon Springs FL 34689  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 270.74	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  12.59	
<b>Full Name, Mailing Address, and ZIP Code</b> PEPPE JOHN CARMIN  317 Wood Dove Ave  Tarpon Springs FL 34689  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 283.33	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  12.59	
<b>Full Name, Mailing Address, and ZIP Code</b> PEPPE JOHN CARMIN  317 Wood Dove Ave  Tarpon Springs FL 34689  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 295.92	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  12.59	
<b>Full Name, Mailing Address, and ZIP Code</b> PERCIVAL DARRYL A.  495 Wexford Hollow Run  Roswell GA 30075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 293.70	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  13.56	
<b>Full Name, Mailing Address, and ZIP Code</b> PERCIVAL DARRYL A.  495 Wexford Hollow Run  Roswell GA 30075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 307.26	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  13.56	
<b>Full Name, Mailing Address, and ZIP Code</b> PERCIVAL DARRYL A.  495 Wexford Hollow Run  Roswell GA 30075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 320.82	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  13.56	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>446 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> PEREIRA LORI B.  4257 Diavila Ave  Pleasanton CA 94588	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> PEREIRA LORI B.  4257 Diavila Ave  Pleasanton CA 94588	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> PEREIRA LORI B.  4257 Diavila Ave  Pleasanton CA 94588	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> PERONE JULIANNE  207 Hillsborough Dr  Greenville SC 29615	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> PERONE JULIANNE  207 Hillsborough Dr  Greenville SC 29615	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> PERONE JULIANNE  207 Hillsborough Dr  Greenville SC 29615	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> PERSINGER JEFFREY N.  83 Watson Drive  Mount Laurel NJ 08054	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Mgr. Market Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>447 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PERSINGER JEFFREY N.  83 Watson Drive  Mount Laurel NJ 08054  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PERSINGER JEFFREY N.  83 Watson Drive  Mount Laurel NJ 08054  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PETERSON GREGGORY W.  9039 E Charter Oak Dr  Scottsdale AZ 85260  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 638.84	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 29.51	
<b>Full Name, Mailing Address, and ZIP Code</b> PETERSON GREGGORY W.  9039 E Charter Oak Dr  Scottsdale AZ 85260  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 668.35	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 29.51	
<b>Full Name, Mailing Address, and ZIP Code</b> PETERSON GREGGORY W.  9039 E Charter Oak Dr  Scottsdale AZ 85260  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 697.86	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 29.51	
<b>Full Name, Mailing Address, and ZIP Code</b> PETERSON JEFFREY L.  207 Glen Abbey Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Strategic Ops  <b>Aggregate Year-to-Date</b> > \$ 580.20	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 26.85	
<b>Full Name, Mailing Address, and ZIP Code</b> PETERSON JEFFREY L.  207 Glen Abbey Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Strategic Ops  <b>Aggregate Year-to-Date</b> > \$ 607.05	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 26.85	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>448 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> PETERSON JEFFREY L.  207 Glen Abbey Dr  Cary NC 27513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 26.85
	Occupation Dir. Strategic Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 633.90		
<b>Full Name, Mailing Address, and ZIP Code</b> PETRUZZELLI PAUL T.  5741 Swiss Ave  Dallas TX 75214	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.78
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 385.52		
<b>Full Name, Mailing Address, and ZIP Code</b> PETRUZZELLI PAUL T.  5741 Swiss Ave  Dallas TX 75214	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.78
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 403.30		
<b>Full Name, Mailing Address, and ZIP Code</b> PETRUZZELLI PAUL T.  5741 Swiss Ave  Dallas TX 75214	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.78
	Occupation Sr. Executive Sales Rep - Inst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 421.08		
<b>Full Name, Mailing Address, and ZIP Code</b> PEZZULO ANTHONY D.  37 Hidden Glen Dr  Sparta NJ 07871	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> PEZZULO ANTHONY D.  37 Hidden Glen Dr  Sparta NJ 07871	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> PEZZULO ANTHONY D.  37 Hidden Glen Dr  Sparta NJ 07871	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		

**SUBTOTALS** of Receipts This Page (Optional) .....

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



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		449 / 631
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PHELPS BARBARA  746 Fieldston Ter  Saint Louis MO 63119  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PHELPS BARBARA  746 Fieldston Ter  Saint Louis MO 63119  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PHELPS BARBARA  746 Fieldston Ter  Saint Louis MO 63119  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS BRADLEY K.  2914 Camousi Ct.  Sugarland TX 77479  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 409.70	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.92	
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS BRADLEY K.  2914 Camousi Ct.  Sugarland TX 77479  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 428.62	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.92	
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS BRADLEY K.  2914 Camousi Ct.  Sugarland TX 77479  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 447.54	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.92	
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS BRIAN D.  118 Rockland Ctr Pmb 132  Nanuet NY 10954  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>450 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS BRIAN D.  118 Rockland Ctr Pmb 132  Nanuet NY 10954	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 151.82		
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS BRIAN D.  115 Rockland Ctr Pmb 132  Nanuet NY 10954	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS CHRISTOPHER J  1244 Desert Jewel Dr  El Paso TX 79912	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS CHRISTOPHER J  1244 Desert Jewel Dr  El Paso TX 79912	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS CHRISTOPHER J  1244 Desert Jewel Dr  El Paso TX 79912	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS MARIE  37 Thornhill Ct  Burr Ridge IL 60521	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 382.64		
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS MARIE  37 Thornhill Ct  Burr Ridge IL 60521	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.80	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 400.54		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>451 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS MARIE  37 Thornhill Ct  Burr Ridge IL 60521  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 418.44	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  17.80	
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS NANCY M.  14804 River Vis S  San Antonio TX 78216  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 248.66	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  11.45	
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS NANCY M.  14804 River Vis S  San Antonio TX 78216  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 280.11	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  11.45	
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS NANCY M.  14804 River Vis S  San Antonio TX 78216  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 271.56	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  11.45	
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS TIMOTHY G.  5657 Soft Wind Dr  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. R&d Accounting  <b>Aggregate Year-to-Date</b> > \$ 198.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS TIMOTHY G.  5657 Soft Wind Dr  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. R&d Accounting  <b>Aggregate Year-to-Date</b> > \$ 207.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PHILLIPS TIMOTHY G.  5657 Soft Wind Dr  Fuquay Varina NC 27526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. R&d Accounting  <b>Aggregate Year-to-Date</b> > \$ 218.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  9.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>452 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PICCILLO MARK S.  5282 Oakridge Dr  Hamburg NY 14075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PICCILLO MARK S.  5252 Oakridge Dr  Hamburg NY 14075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PICCILLO MARK S.  5282 Oakridge Dr  Hamburg NY 14075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PIEKARCZYK BETH ELLEN  815 Tomoka Dr  Palm Harbor FL 34683  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PIEKARCZYK BETH ELLEN  815 Tomoka Dr  Palm Harbor FL 34883  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PIEKARCZYK BETH ELLEN  815 Tomoka Dr  Palm Harbor FL 34883  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PIERCE MICHAEL E.  103 Glanstone Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Technical Regul Affairs  <b>Aggregate Year-to-Date</b> > \$ 187.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>453 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PIERCE MICHAEL E.  103 Glenstone Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Technical Regu Affairs  <b>Aggregate Year-to-Date</b> > \$ 155.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> PIERCE MICHAEL E.  103 Glenstone Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Technical Regu Affairs  <b>Aggregate Year-to-Date</b> > \$ 204.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> PIGG BARBARA ALLEN  307 Maclaren Ln  Lake Bluff IL 60044  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PIGG BARBARA ALLEN  307 Maclaren Ln  Lake Bluff IL 60044  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PIGG BARBARA ALLEN  307 Maclaren Ln  Lake Bluff IL 60044  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PILASTRO LOUIS I.  #1 Nob Hill Drive  Danville CA 94526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PILASTRO LOUIS I.  #1 Nob Hill Drive  Danville CA 94526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>454 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PILASTRO LOUIS I.  #1 Nob Hill Drive  Danville CA 94526  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Exec Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PILKINGTON CHRISTOPHER  112 Benedict Ln  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Product Mgr. I  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PILKINGTON CHRISTOPHER  112 Benedict Ln  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Product Mgr. I  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PILKINGTON CHRISTOPHER  112 Benedict Ln  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Product Mgr. I  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> PINARD PAUL A.  209 Chestnut Ridge St  Winter Springs FL 32708  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 386.74	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.83	
<b>Full Name, Mailing Address, and ZIP Code</b> PINARD PAUL A.  209 Chestnut Ridge St  Winter Springs FL 32708  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 404.67	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.83	
<b>Full Name, Mailing Address, and ZIP Code</b> PINARD PAUL A.  208 Chestnut Ridge St  Winter Springs FL 32708  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 422.60	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.83	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	455 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> PINION CAROL  126 Medinah Place  San Ramon CA 94583		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> PINION CAROL  126 Medinah Place  San Ramon CA 94583		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> PINION CAROL  126 Medinah Place  San Ramon CA 94583		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> PIPER KENT S.  3201 Dwyer Lane  Flower Mound TX 75022		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> PIPER KENT S.  3201 Dwyer Lane  Flower Mound TX 75022		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> PIPER KENT S.  3201 Dwyer Lane  Flower Mound TX 75022		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> PIPPIN AMY N.  124 Brook Ln  Bristol VA 24201		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 225.90			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>456 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> PIPPIN AMY N.  124 Brook Ln  Bristol VA 24201	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.29		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
		<b>Aggregate Year-to-Date</b> > \$ 238.19			
<b>Full Name, Mailing Address, and ZIP Code</b> PIPPIN AMY N.  124 Brook Ln  Bristol VA 24201	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.29		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
		<b>Aggregate Year-to-Date</b> > \$ 246.48			
<b>Full Name, Mailing Address, and ZIP Code</b> PITTMAN BRIAN KEITH  24460 Howes Dr  Laguna Niguel CA 92677	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.63		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
		<b>Aggregate Year-to-Date</b> > \$ 208.32			
<b>Full Name, Mailing Address, and ZIP Code</b> PITTMAN BRIAN KEITH  24460 Howes Dr  Laguna Niguel CA 92677	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.63		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
		<b>Aggregate Year-to-Date</b> > \$ 217.95			
<b>Full Name, Mailing Address, and ZIP Code</b> PITTMAN BRIAN KEITH  24460 Howes Dr  Laguna Niguel CA 92677	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.63		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep				
		<b>Aggregate Year-to-Date</b> > \$ 227.58			
<b>Full Name, Mailing Address, and ZIP Code</b> PITTMAN JAMES M.  2204 Tarleton Ct  Coleyville TX 76034	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Regional Sales Dir				
		<b>Aggregate Year-to-Date</b> > \$ 188.00			
<b>Full Name, Mailing Address, and ZIP Code</b> PITTMAN JAMES M.  2204 Tarleton Ct  Coleyville TX 76034	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Regional Sales Dir				
		<b>Aggregate Year-to-Date</b> > \$ 207.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		457 / 631
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PITTMAN JAMES M.  2204 Tangleton Ct  Coleyville TX 76034	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Regional Sales Dir	<b>Aggregate Year-to-Date</b> > \$ 218.00		
<b>Full Name, Mailing Address, and ZIP Code</b> PITTS BARRON K.  137 Whisper Lake Blvd  Madison MS 39110	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 342.82		
<b>Full Name, Mailing Address, and ZIP Code</b> PITTS BARRON K.  137 Whisper Lake Blvd  Madison MS 39110	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 358.75		
<b>Full Name, Mailing Address, and ZIP Code</b> PITTS BARRON K.  137 Whisper Lake Blvd  Madison MS 39110	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 374.58		
<b>Full Name, Mailing Address, and ZIP Code</b> PITTS ROY E.  1956 Clover Cl.  Grand Junction CO 81506	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> PITTS ROY E.  1956 Clover Cl.  Grand Junction CO 81506	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> PITTS ROY E.  1956 Clover Cl.  Grand Junction CO 81506	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>458 / 631</b> Use separate schedule(s) for each category of the Detailed Summary Page <b>FOR LINE NUMBER 11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> PLETKOVICH THOMAS P.  39w823 N Robert Frost Cir  St Charles IL 60175  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 409.38		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 18.80	
<b>Full Name, Mailing Address, and ZIP Code</b> PLETKOVICH THOMAS P.  39w823 N Robert Frost Cir  St Charles IL 60175  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 428.28		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 18.50	
<b>Full Name, Mailing Address, and ZIP Code</b> PLETKOVICH THOMAS P.  39w823 N Robert Frost Cir  St Charles IL 60175  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 447.18		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 18.80	
<b>Full Name, Mailing Address, and ZIP Code</b> PLUMMER JAMES ALAN  2756 Broyles Ln  Franklin TN 37069  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 366.78		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 17.08	
<b>Full Name, Mailing Address, and ZIP Code</b> PLUMMER JAMES ALAN  2756 Broyles Ln  Franklin TN 37069  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 383.84		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 17.08	
<b>Full Name, Mailing Address, and ZIP Code</b> PLUMMER JAMES ALAN  2756 Broyles Ln  Franklin TN 37069  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 400.80		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 17.08	
<b>Full Name, Mailing Address, and ZIP Code</b> POLANECZKY DAVID  206 Overlook Dr  Chalfont PA 18914  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 258.32		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 12.08	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>459 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> POLANECZKY DAVID  206 Overlook Dr  Chalfont PA 18914	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.08
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 270.40		
<b>Full Name, Mailing Address, and ZIP Code</b> POLANECZKY DAVID  206 Overlook Dr  Chalfont PA 18914	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.08
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 282.48		
<b>Full Name, Mailing Address, and ZIP Code</b> POLITANO ERNEST M.  110 Sika Dr  Pittsburgh PA 15239	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> POLITANO ERNEST M.  110 Sika Dr  Pittsburgh PA 15239	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> POLITANO ERNEST M.  110 Sika Dr  Pittsburgh PA 15239	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> POLK ELIZABETH A.  921 Nobel Dr.  Santa Cruz CA 95060	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.50
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 213.80		
<b>Full Name, Mailing Address, and ZIP Code</b> POLK ELIZABETH A.  921 Nobel Dr.  Santa Cruz CA 95060	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.80
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 223.80		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>460 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> POLK ELIZABETH A.  921 Nobel Dr.  Santa Cruz CA 95060  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 233.70	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.90	
<b>Full Name, Mailing Address, and ZIP Code</b> POLSON TERESA M.  4000 Smithfield Rd.  Knightdale NC 27545  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> R&d Project Planner III  <b>Aggregate Year-to-Date</b> > \$ 413.03	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.73	
<b>Full Name, Mailing Address, and ZIP Code</b> POLSON TERESA M.  4000 Smithfield Rd.  Knightdale NC 27545  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> R&d Project Planner III  <b>Aggregate Year-to-Date</b> > \$ 432.78	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.73	
<b>Full Name, Mailing Address, and ZIP Code</b> POLSON TERESA M.  4000 Smithfield Rd.  Knightdale NC 27545  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> R&d Project Planner III  <b>Aggregate Year-to-Date</b> > \$ 452.49	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 19.73	
<b>Full Name, Mailing Address, and ZIP Code</b> PONDER GAIL SAULS  513 Santolina Rd  Dothan AL 36303  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 286.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.96	
<b>Full Name, Mailing Address, and ZIP Code</b> PONDER GAIL SAULS  513 Santolina Rd  Dothan AL 36303  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 299.96	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.96	
<b>Full Name, Mailing Address, and ZIP Code</b> PONDER GAIL SAULS  513 Santolina Rd  Dothan AL 36303  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 313.92	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.96	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>461 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PORTNER LAURIE ELLEN  1 Willow Ct  Medford NJ 08055  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PORTNER LAURIE ELLEN  1 Willow Ct  Medford NJ 08055  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PORTNER LAURIE ELLEN  1 Willow Ct  Medford NJ 08055  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PORUBSKY ANN CLAIBORNE  2155 Kings Way  Augusta GA 30904  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 212.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.80	
<b>Full Name, Mailing Address, and ZIP Code</b> PORUBSKY ANN CLAIBORNE  2155 Kings Way  Augusta GA 30904  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 221.80	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.80	
<b>Full Name, Mailing Address, and ZIP Code</b> PORUBSKY ANN CLAIBORNE  2155 Kings Way  Augusta GA 30904  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 231.60	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.80	
<b>Full Name, Mailing Address, and ZIP Code</b> POSPISIL AUDREY J.  7606 37th St W Apt L  Tacoma WA 98466  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 281.12	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.88	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		462 / 631
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> POSPISIL AUDREY J.  7606 37th St W Apt L  Tacoma WA 98466	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.88	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 294.10		
<b>Full Name, Mailing Address, and ZIP Code</b> POSPISIL AUDREY J.  7606 37th St W Apt L  Tacoma WA 98466	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 307.08		
<b>Full Name, Mailing Address, and ZIP Code</b> POTERAN MICHAEL J.  11 St Jude Ln  Glenville NY 12302	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.89	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 410.34		
<b>Full Name, Mailing Address, and ZIP Code</b> POTERAN MICHAEL J.  11 St Jude Ln  Glenville NY 12302	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 429.33		
<b>Full Name, Mailing Address, and ZIP Code</b> POTERAN MICHAEL J.  11 St Jude Ln  Glenville NY 12302	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 448.32		
<b>Full Name, Mailing Address, and ZIP Code</b> POTTERS CHRISTINE E  103 Overlook Terrace  Bloomfield NJ 07003	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> POTTERS CHRISTINE E  103 Overlook Terrace  Bloomfield NJ 07003	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	463 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> POTTERS CHRISTINE E  103 Overlook Terrace  Bloomfield NJ 07003		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Executive Sales Rep			
		Aggregate Year-to-Date > \$ 200.18			
<b>Full Name, Mailing Address, and ZIP Code</b> POWELL JOSEPH R  11841 Catrakee Dr  Jacksonville FL 32223		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager			
		Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> POWELL JOSEPH R  11841 Catrakee Dr  Jacksonville FL 32223		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager			
		Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> POWELL JOSEPH R  11841 Catrakee Dr  Jacksonville FL 32223		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager			
		Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> POWELL R. KEITH  2301 Carolinda  Waco TX 76710		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.91
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep			
		Aggregate Year-to-Date > \$ 192.96			
<b>Full Name, Mailing Address, and ZIP Code</b> POWELL R. KEITH  2301 Carolinda  Waco TX 76710		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.91
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep			
		Aggregate Year-to-Date > \$ 201.87			
<b>Full Name, Mailing Address, and ZIP Code</b> POWELL R. KEITH  2301 Carolinda  Waco TX 76710		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.91
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep			
		Aggregate Year-to-Date > \$ 210.78			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	464 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> POZELLA PATRICIA M.  205 Westbury Dr  Chapel Hill NC 27516		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Corporate Issues Mgmt Dir			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> POZELLA PATRICIA M.  205 Westbury Dr  Chapel Hill NC 27516		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Corporate Issues Mgmt Dir			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> POZELLA PATRICIA M.  205 Westbury Dr  Chapel Hill NC 27516		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Corporate Issues Mgmt Dir			
		<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> PRATT ROBERT K.  1765 Black Oaks Ln N  Plymouth MN 55447		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> PRATT ROBERT K.  1765 Black Oaks Ln N  Plymouth MN 55447		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> PRATT ROBERT K.  1765 Black Oaks Ln N  Plymouth MN 55447		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> PRESKI DONALD CHESTER  6115 Czarne Ave  Lutz FL 33549		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 395.94			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>465 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PRESKI DONALD CHESTER  6115 Cezanne Ave  Lutz FL 33540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 414.21	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  18.27	
<b>Full Name, Mailing Address, and ZIP Code</b> PRESKI DONALD CHESTER  6115 Cezanne Ave  Lutz FL 33549  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 432.48	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  18.27	
<b>Full Name, Mailing Address, and ZIP Code</b> PRIEST KEVIN  3077 Blazing Star Dr.  Thousand Oaks CA 91362  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 295.42	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  13.63	
<b>Full Name, Mailing Address, and ZIP Code</b> PRIEST KEVIN  3077 Blazing Star Dr.  Thousand Oaks CA 91362  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 309.05	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  13.63	
<b>Full Name, Mailing Address, and ZIP Code</b> PRIEST KEVIN  3077 Blazing Star Dr.  Thousand Oaks CA 91362  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 322.68	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  13.63	
<b>Full Name, Mailing Address, and ZIP Code</b> PROCTOR RICHARD C.  130 Brannigan Pl  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Business Development (d)  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PROCTOR RICHARD C.  130 Brannigan Pl  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Business Development (d)  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		466 / 631
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PROCTOR RICHARD C.  130 Brannigan Pl  Cary NC 27511	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Business Development (d)	<b>Aggregate Year-to-Date</b> > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> PROFFITT JAMES  6951 Nile Ct  Arvada CO 80007	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 440.00		
<b>Full Name, Mailing Address, and ZIP Code</b> PROFFITT JAMES  6951 Nile Ct  Arvada CO 80007	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 460.00		
<b>Full Name, Mailing Address, and ZIP Code</b> PROFFITT JAMES  6951 Nile Ct  Arvada CO 80007	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 480.00		
<b>Full Name, Mailing Address, and ZIP Code</b> PROVENCHER PATRICIA DEAN  12 Saint Anthony Dr  Hudson NH 03051	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 338.82		
<b>Full Name, Mailing Address, and ZIP Code</b> PROVENCHER PATRICIA DEAN  12 Saint Anthony Dr  Hudson NH 03051	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 354.42		
<b>Full Name, Mailing Address, and ZIP Code</b> PROVENCHER PATRICIA DEAN  12 Saint Anthony Dr  Hudson NH 03051	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 370.02		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		467 / 631
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PRUITT PHILIP G.  3003 Elmstead Ct  Apex NC 27502	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.89	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 365.58		
<b>Full Name, Mailing Address, and ZIP Code</b> PRUITT PHILIP G.  3003 Elmstead Ct  Apex NC 27502	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.89	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 382.47		
<b>Full Name, Mailing Address, and ZIP Code</b> PRUITT PHILIP G.  3003 Elmstead Ct  Apex NC 27502	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.89	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 399.36		
<b>Full Name, Mailing Address, and ZIP Code</b> PUFFER FRANK B.  114 Hidden Bluff Ln  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Prin Project Eng	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> PUFFER FRANK B.  114 Hidden Bluff Ln  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Prin Project Eng	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> PUFFER FRANK B.  114 Hidden Bluff Ln  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Prin Project Eng	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> PULLIAM LESLIE J.  4008 Sierra Dr  Mobile AL 36693	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>468 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> PULLIAM LESLIE J.  4009 Sierra Dr  Mobile AL 36693	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> PULLIAM LESLIE J.  4009 Sierra Dr  Mobile AL 36693	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> QUICK GREG E.  316 E. Audubon Dr.  Fresno CA 93720	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> QUICK GREG E.  316 E. Audubon Dr.  Fresno CA 93720	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> QUICK GREG E.  316 E. Audubon Dr.  Fresno CA 93720	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> RAIBIKIS SUSAN  307 48th St  Des Moines IA 50312	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> RAIBIKIS SUSAN  307 48th St  Des Moines IA 50312	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>469 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> RAIBIKIS SUSAN  307 48th St  Des Moines IA 50312  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RAJARATNAM ARJUN  Po Box 247  Carrboro NC 27510  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Counsel I  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> RAJARATNAM ARJUN  Po Box 247  Carrboro NC 27510  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Counsel I  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> RAJARATNAM ARJUN  Po Box 247  Carrboro NC 27510  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Counsel I  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> RAMIREZ BRENDA M.  1916 Washington Irving Dr  Pearland TX 77581  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> RAMIREZ BRENDA M.  1916 Washington Irving Dr  Pearland TX 77581  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> RAMIREZ BRENDA M.  1916 Washington Irving Dr  Pearland TX 77581  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>470 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> RAMOS SABRINA S.  12 Petunia Dr Apt 2h  North Brunswick NJ 08902  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RAMOS SABRINA S.  12 Petunia Dr Apt 2h  North Brunswick NJ 08902  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RAMOS SABRINA S.  12 Petunia Dr Apt 2h  North Brunswick NJ 08902  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RANES CAROLINE R.  125 Refugio Pl  Arroyo Grande CA 93420  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RANES CAROLINE R.  125 Refugio Pl  Arroyo Grande CA 93420  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RANES CAROLINE R.  125 Refugio Pl  Arroyo Grande CA 93420  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RANZ ALBERT D.  6574 Branch Hill Miamiville Rd  Loveland OH 45140  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 332.38	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.41	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>471 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> RANZ ALBERT D.  6574 Branch Hill Miamiville Rd  Loveland OH 45140  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 347.77	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.41	
<b>Full Name, Mailing Address, and ZIP Code</b> RANZ ALBERT D.  6574 Branch Hill Miamiville Rd  Loveland OH 45140  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 363.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.41	
<b>Full Name, Mailing Address, and ZIP Code</b> RASCHI VICTORIA J.  5577 West Lake Rd.  Conesus NY 14435  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 285.58	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.88	
<b>Full Name, Mailing Address, and ZIP Code</b> RATCHFORD FRANK M.  600 Argyle Rd.  Wynnewood PA 19096  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 187.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> RATCHFORD FRANK M.  600 Argyle Rd.  Wynnewood PA 19096  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 195.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> RATCHFORD FRANK M.  600 Argyle Rd.  Wynnewood PA 19096  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 204.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> RAWSON BRENT H.  1744 Jana Cir  Sandy UT 84092  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 308.72	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.16	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>472 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> RAWSON BRENT H.  1744 Jane Cir  Sandy UT 84092  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 320.88	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.16	
<b>Full Name, Mailing Address, and ZIP Code</b> RAWSON BRENT H.  1744 Jane Cir  Sandy UT 84092  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 335.04	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.16	
<b>Full Name, Mailing Address, and ZIP Code</b> READ STEPHANIE M.  210 Kings Creek Rd  Irmo SC 29063  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 285.32	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.81	
<b>Full Name, Mailing Address, and ZIP Code</b> READ STEPHANIE M.  210 Kings Creek Rd  Irmo SC 29063  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 301.23	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.91	
<b>Full Name, Mailing Address, and ZIP Code</b> READ STEPHANIE M.  210 Kings Creek Rd  Irmo SC 29063  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 317.14	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.91	
<b>Full Name, Mailing Address, and ZIP Code</b> REASOR RICHARD H.  Pmb 382  Austin TX 78735  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 443.54	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.48	
<b>Full Name, Mailing Address, and ZIP Code</b> REASOR RICHARD H.  Pmb 382  Austin TX 78735  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 464.02	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.48	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>473 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> REASOR RICHARD H.  Pmb 382  Austin TX 78735	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 20.48
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 484.50		
<b>Full Name, Mailing Address, and ZIP Code</b> REDA SUSAN C.  3750 Hillbrook Rd  University Heights OH 44118	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> REDA SUSAN C.  3780 Hillbrook Rd  University Heights OH 44118	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> REDA SUSAN C.  3790 Hillbrook Rd  University Heights OH 44118	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> REEVES KEVIN H.  1417 Wintersweet  Hillsborough NC 27278	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Product Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> REEVES KEVIN H.  1417 Wintersweet  Hillsborough NC 27278	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Product Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> REEVES KEVIN H.  1417 Wintersweet  Hillsborough NC 27278	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Product Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		474 / 631
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> REHERMANN RICHARD T.  11 Treasure Lk  Du Bois PA 15801	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 15.33	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 331.14		
<b>Full Name, Mailing Address, and ZIP Code</b> REHERMANN RICHARD T.  11 Treasure Lk  Du Bois PA 15801	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 15.33	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 346.47		
<b>Full Name, Mailing Address, and ZIP Code</b> REHERMANN RICHARD T.  11 Treasure Lk  Du Bois PA 15801	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.33	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 361.80		
<b>Full Name, Mailing Address, and ZIP Code</b> REICHLIN MARK U.  132 Whitman Blvd  Elyria OH 44035	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> REICHLIN MARK U.  132 Whitman Blvd  Elyria OH 44035	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> REICHLIN MARK U.  132 Whitman Blvd  Elyria OH 44035	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> REINER JANELLE S.  11825 Se Redhawks Ln  Portland OR 97236	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 183.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		475 / 631
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> REINER JANELLE S.  11825 Se Redhaws Ln  Portland OR 97236	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 151.82		
<b>Full Name, Mailing Address, and ZIP Code</b> REINER JANELLE S.  11525 Se Redhaws Ln  Portland OR 97236	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Sales Rep	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> REYNA SYDNEE L.  64 Minot Ave  Chula Vista CA 91910	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> REYNA SYDNEE L.  64 Minot Ave  Chula Vista CA 91910	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> REYNA SYDNEE L.  64 Minot Ave  Chula Vista CA 91910	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> REYNOLDS MICHAEL A.  1016 Tall Pine Rd  Mt Pleasant SC 29464	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 15.80	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Sales Rep - Inst	Aggregate Year-to-Date > \$ 328.14		
<b>Full Name, Mailing Address, and ZIP Code</b> REYNOLDS MICHAEL A.  1016 Tall Pine Rd  Mt Pleasant SC 29464	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 15.80	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Sales Rep - Inst	Aggregate Year-to-Date > \$ 343.94		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>476 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> REYNOLDS MICHAEL A.  1016 Tall Pine Rd  Mt Pleasant SC 29464  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 359.74	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.80	
<b>Full Name, Mailing Address, and ZIP Code</b> RHOADS STEVEN WESLEY  4944 E Dale Ln  Cave Creek AZ 85331  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> RHOADS STEVEN WESLEY  4944 E Dale Ln  Cave Creek AZ 85331  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> RHOADS STEVEN WESLEY  4944 E Dale Ln  Cave Creek AZ 85331  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> RICE BRIAN ALLAN  2801 S Glass St  Sioux City IA 51108  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RICE BRIAN ALLAN  2801 S Glass St  Sioux City IA 51108  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RICE BRIAN ALLAN  2801 S Glass St  Sioux City IA 51108  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>477 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				<b>FOR LINE NUMBER 11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> RICHARDSON JAMES H.  415 Walnut  Grand Junction CO 81501  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 154.58	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.16	
<b>Full Name, Mailing Address, and ZIP Code</b> RICHARDSON JAMES H.  415 Walnut  Grand Junction CO 81501  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 206.72	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.16	
<b>Full Name, Mailing Address, and ZIP Code</b> RICHARDSON JAMES H.  415 Walnut  Grand Junction CO 81501  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 218.88	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.16	
<b>Full Name, Mailing Address, and ZIP Code</b> RICHARDSON JOHN K.  1031 Orchid Dr  Brentwood CA 94513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 482.90	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 22.52	
<b>Full Name, Mailing Address, and ZIP Code</b> RICHARDSON JOHN K.  1031 Orchid Dr  Brentwood CA 94513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 505.42	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 22.52	
<b>Full Name, Mailing Address, and ZIP Code</b> RICHARDSON JOHN K.  1031 Orchid Dr  Brentwood CA 94513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 527.94	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 22.52	
<b>Full Name, Mailing Address, and ZIP Code</b> RICHTER ROGER J.  7947 Rivercrest Ct.  Freeland MI 48623  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 334.92	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.81	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>478 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> RICHTER ROGER J.  7947 Rivercrest Ct.  Freeland MI 48623  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 351.83	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.91	
<b>Full Name, Mailing Address, and ZIP Code</b> RICHTER ROGER J.  7947 Rivercrest Ct.  Freeland MI 48623  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 368.74	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.91	
<b>Full Name, Mailing Address, and ZIP Code</b> RIDENHOUR MICHELE  537 Tepic Dr  El Paso TX 79912  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RIDENHOUR MICHELE  537 Tepic Dr  El Paso TX 79912  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RIDENHOUR MICHELE  537 Tepic Dr  El Paso TX 79912  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RIEHM KATHRYN B  728 Shefwood Drive  Easley SC 29642  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RIEHM KATHRYN B  728 Shefwood Drive  Easley SC 29642  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>479 / 631</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER</b> <b>11A1</b>
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> RIEHM KATHRYN B  728 Sherwood Drive  Easley SC 29642  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RIGGLE PATRICIA B.  4648 Cinnamon Ln  Sylvania OH 43560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 252.24	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.67	
<b>Full Name, Mailing Address, and ZIP Code</b> RIGGLE PATRICIA B.  4648 Cinnamon Ln  Sylvania OH 43560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 263.91	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.67	
<b>Full Name, Mailing Address, and ZIP Code</b> RIGGLE PATRICIA B.  4648 Cinnamon Ln  Sylvania OH 43560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 275.58	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.67	
<b>Full Name, Mailing Address, and ZIP Code</b> RITTER GLEN ANDREW  75 Richie Rd  Attleboro MA 02703  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 257.60	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.93	
<b>Full Name, Mailing Address, and ZIP Code</b> RITTER GLEN ANDREW  75 Richie Rd  Attleboro MA 02703  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 269.53	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.53	
<b>Full Name, Mailing Address, and ZIP Code</b> RITTER GLEN ANDREW  75 Richie Rd  Attleboro MA 02703  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 281.48	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.83	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>480 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				<b>FOR LINE NUMBER 11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> RITTWEGER WILLIAM JOSEPH  512 Brook Arbor Dr. Apt. 512  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 241.62	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.25	
<b>Full Name, Mailing Address, and ZIP Code</b> RITTWEGER WILLIAM JOSEPH  512 Brook Arbor Dr. Apt. 512  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 252.67	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.25	
<b>Full Name, Mailing Address, and ZIP Code</b> RITTWEGER WILLIAM JOSEPH  512 Brook Arbor Dr. Apt. 512  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 264.12	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.25	
<b>Full Name, Mailing Address, and ZIP Code</b> RIVERA BARBARA M.  116 Steeplechase Rd  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Product Mgr.  Aggregate Year-to-Date > \$ 163.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RIVERA BARBARA M.  116 Steeplechase Rd  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Product Mgr.  Aggregate Year-to-Date > \$ 191.62	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RIVERA BARBARA M.  116 Steeplechase Rd  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Product Mgr.  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ROACH DOUG ALAN  104 Toney Ct  Simpsonville SC 29680  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep - Tas  Aggregate Year-to-Date > \$ 257.58	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.88	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>481 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ROACH DOUG ALAN  104 Torrey Ct  Simpsonville SC 29680  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 289.48	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.88	
<b>Full Name, Mailing Address, and ZIP Code</b> ROACH DOUG ALAN  104 Torrey Ct  Simpsonville SC 29680  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 281.34	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.88	
<b>Full Name, Mailing Address, and ZIP Code</b> ROBBINS CHRISTOPHER M.  777 Grandon Ave  Columbus OH 43209  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 328.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.05	
<b>Full Name, Mailing Address, and ZIP Code</b> ROBBINS CHRISTOPHER M.  777 Grandon Ave  Columbus OH 43209  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 341.05	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.05	
<b>Full Name, Mailing Address, and ZIP Code</b> ROBBINS CHRISTOPHER M.  777 Grandon Ave  Columbus OH 43209  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 356.10	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.05	
<b>Full Name, Mailing Address, and ZIP Code</b> ROBINSON DAVID W.  10312 Old Warden Road  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Mktg  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ROBINSON DAVID W.  10312 Old Warden Road  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Mktg  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>482 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ROBINSON DAVID W.  10312 Old Warden Road  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Mktg  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ROBINSON-PUGH GWENDOLYN  722 Elmtree Ave  Claymont DE 19703  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 253.16	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.04	
<b>Full Name, Mailing Address, and ZIP Code</b> ROBINSON-PUGH GWENDOLYN  722 Elmtree Ave  Claymont DE 19703  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 285.20	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.04	
<b>Full Name, Mailing Address, and ZIP Code</b> ROBINSON-PUGH GWENDOLYN  722 Elmtree Ave  Claymont DE 19703  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 277.24	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.04	
<b>Full Name, Mailing Address, and ZIP Code</b> RODISH KIM MARIE  516 Colonial Cir  West Des Moines IA 50265  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 310.84	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.38	
<b>Full Name, Mailing Address, and ZIP Code</b> RODISH KIM MARIE  516 Colonial Cir  West Des Moines IA 50265  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 325.22	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.38	
<b>Full Name, Mailing Address, and ZIP Code</b> RODISH KIM MARIE  516 Colonial Cir  West Des Moines IA 50265  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 339.60	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.38	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		483 / 631
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> RODRIGUEZ MICHELLE  200 Clarion Bridge Way #244  Morrisville NC 27560	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.29	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc IV	<b>Aggregate Year-to-Date</b> > \$ 370.42		
<b>Full Name, Mailing Address, and ZIP Code</b> RODRIGUEZ MICHELLE  200 Clarion Bridge Way #244  Morrisville NC 27560	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.29	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc IV	<b>Aggregate Year-to-Date</b> > \$ 397.71		
<b>Full Name, Mailing Address, and ZIP Code</b> RODRIGUEZ MICHELLE  200 Clarion Bridge Way #244  Morrisville NC 27560	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.29	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc IV	<b>Aggregate Year-to-Date</b> > \$ 405.00		
<b>Full Name, Mailing Address, and ZIP Code</b> RODRIGUEZ VICTOR M.  1021 Clinton Ave  Oak Park IL 60304	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.73	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 319.02		
<b>Full Name, Mailing Address, and ZIP Code</b> RODRIGUEZ VICTOR M.  1021 Clinton Ave  Oak Park IL 60304	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.73	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 333.75		
<b>Full Name, Mailing Address, and ZIP Code</b> RODRIGUEZ VICTOR M.  1021 Clinton Ave  Oak Park IL 60304	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.73	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 348.48		
<b>Full Name, Mailing Address, and ZIP Code</b> ROE AMY MYERS  6100 Little Willow Rd  Payette ID 83661	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>484 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ROE AMY MYERS  6100 Little Willow Rd  Fayette ID 83661  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 151.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ROE AMY MYERS  6100 Little Willow Rd  Fayette ID 83661  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS JOSEPH F.  10613 Big Canoe  Big Canoe GA 30143  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Mgr. State Govt Affairs  Aggregate Year-to-Date > \$ 525.22	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 24.31	
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS JOSEPH F.  10613 Big Canoe  Big Canoe GA 30143  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Mgr. State Govt Affairs  Aggregate Year-to-Date > \$ 549.53	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 24.31	
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS JOSEPH F.  10613 Big Canoe  Big Canoe GA 30143  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Mgr. State Govt Affairs  Aggregate Year-to-Date > \$ 573.84	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 24.31	
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS MICHAEL W.  118 Bergeron Way  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc V  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS MICHAEL W.  118 Bergeron Way  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc V  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>485 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS MICHAEL W.  11B Bergeron Way  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sales & Mktg Assoc V		
	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS STUART P.  1117 Bentham Dr  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 24.65
	Occupation Div. Controller		
	Aggregate Year-to-Date > \$ 535.64		
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS STUART P.  1117 Bentham Dr  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 24.65
	Occupation Div. Controller		
	Aggregate Year-to-Date > \$ 560.29		
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS STUART P.  1117 Bentham Dr  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 24.65
	Occupation Div. Controller		
	Aggregate Year-to-Date > \$ 594.94		
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS THOMAS LAMAR  2815 S Oakland Ave  Lakeland FL 33803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.48
	Occupation Sr. Executive Sales Rep		
	Aggregate Year-to-Date > \$ 356.32		
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS THOMAS LAMAR  2815 S Oakland Ave  Lakeland FL 33803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.48
	Occupation Sr. Executive Sales Rep		
	Aggregate Year-to-Date > \$ 372.80		
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS THOMAS LAMAR  2815 S Oakland Ave  Lakeland FL 33803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.48
	Occupation Sr. Executive Sales Rep		
	Aggregate Year-to-Date > \$ 389.28		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		486 / 631
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS THOMAS P.  4233 Mayfair Cir  Liverpool NY 13090	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS THOMAS P.  4233 Mayfair Cir  Liverpool NY 13090	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS THOMAS P.  4233 Mayfair Cir  Liverpool NY 13090	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> ROLDAN PEDRO  910 Bridgeway Blvd.  Orlando FL 32828	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> ROLDAN PEDRO  910 Bridgeway Blvd.  Orlando FL 32828	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> ROLDAN PEDRO  910 Bridgeway Blvd.  Orlando FL 32828	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> ROMANOWSKI GREGORY A.  1716 Bull Ridge Dr  Mc Henry IL 60050	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc IX	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		487 / 631
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ROMANOWSKI GREGORY A.  1716 Bull Ridge Dr  Mc Henry IL 60050  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc IX  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ROMANOWSKI GREGORY A.  1716 Bull Ridge Dr  Mc Henry IL 60050  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc IX  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ROME MARK D.  3424 Royal Ridge Rd  Chino Hills CA 91709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 375.42	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.28	
<b>Full Name, Mailing Address, and ZIP Code</b> ROME MARK D.  3424 Royal Ridge Rd  Chino Hills CA 91709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 392.70	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.28	
<b>Full Name, Mailing Address, and ZIP Code</b> ROME MARK D.  3424 Royal Ridge Rd  Chino Hills CA 91709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 409.98	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.28	
<b>Full Name, Mailing Address, and ZIP Code</b> ROMEO DONALD A.  16 Drayton Pl  Wayne NJ 07470  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ROMEO DONALD A.  16 Drayton Pl  Wayne NJ 07470  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		488 / 631
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ROMEO DONALD A.  16 Drayton Pl  Wayne NJ 07470	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> ROMINSKI DANIEL J.  941 Trailwood Ct  Toledo OH 43615	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.31	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 288.26		
<b>Full Name, Mailing Address, and ZIP Code</b> ROMINSKI DANIEL J.  941 Trailwood Ct  Toledo OH 43615	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.31	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 301.57		
<b>Full Name, Mailing Address, and ZIP Code</b> ROMINSKI DANIEL J.  941 Trailwood Ct  Toledo OH 43615	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.31	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 314.88		
<b>Full Name, Mailing Address, and ZIP Code</b> RONDAEL CHITO T.  312 Vista Glen St  Las Vegas NV 89145	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> RONDAEL CHITO T.  312 Vista Glen St  Las Vegas NV 89145	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> RONDAEL CHITO T.  312 Vista Glen St  Las Vegas NV 89145	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.18		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>489 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> ROSSELLA PAUL M.  5431 Elnor Ave  Rockford IL 61108  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> ROSSELLA PAUL M.  5431 Elnor Ave  Rockford IL 61108  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> ROSSELLA PAUL M.  5431 Elnor Ave  Rockford IL 61108  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> ROTHERY PATRICK  528 Clark Ave  Webster Groves MO 63119  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> ROTHERY PATRICK  528 Clark Ave  Webster Groves MO 63119  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> ROTHERY PATRICK  528 Clark Ave  Webster Groves MO 63119  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
<b>Full Name, Mailing Address, and ZIP Code</b> ROWLETT JEFFREY H.  9111 Nw Rocky Point Dr  Weatherby Lake MO 64152  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>490 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ROWLETT JEFFREY H.  9111 Nw Rocky Point Dr  Weatherby Lake MO 64152  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> ROWLETT JEFFREY H.  9111 Nw Rocky Point Dr  Weatherby Lake MO 64152  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RUBE LYN M.  140 Summerset Ct  San Ramon CA 94583  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Corp Health Mgr  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RUBE LYN M.  140 Summerset Ct  San Ramon CA 94583  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Corp Health Mgr  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RUBE LYN M.  140 Summerset Ct  San Ramon CA 94583  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Corp Health Mgr  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RUBOSKY STEVE  345 Russo Dr  Canfield OH 44406  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RUBOSKY STEVE  345 Russo Dr  Canfield OH 44406  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>491 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> RUBOSKY STEVE  345 Russo Dr  Canfield OH 44406  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RUCKER HEIDI C.  4250 Ne 27th Ave  Lighthouse Point FL 33064  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RUCKER HEIDI C.  4250 Ne 27th Ave  Lighthouse Point FL 33064  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RUCKER HEIDI C.  4250 Ne 27th Ave  Lighthouse Point FL 33064  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RUDISILL THOMAS J.  6404 Falconwood Ct  Mobile AL 36695  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RUDISILL THOMAS J.  6404 Falconwood Ct  Mobile AL 36695  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> RUDISILL THOMAS J.  6404 Falconwood Ct  Mobile AL 36695  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		492 / 631
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> RUNSTROM THOMAS  4100 Holiday North Court  Traverse City MI 49686	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.49	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 379.74		
<b>Full Name, Mailing Address, and ZIP Code</b> RUNSTROM THOMAS  4100 Holiday North Court  Traverse City MI 49686	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.49	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 397.23		
<b>Full Name, Mailing Address, and ZIP Code</b> RUNSTROM THOMAS  4100 Holiday North Court  Traverse City MI 49686	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.49	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 414.72		
<b>Full Name, Mailing Address, and ZIP Code</b> RUOCCHIO KATHRYN K.  2013 Chchester Court  Raleigh NC 27615	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Health Care Coalitions	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> RUOCCHIO KATHRYN K.  2013 Chchester Court  Raleigh NC 27815	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Health Care Coalitions	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> RUOCCHIO KATHRYN K.  2013 Chchester Court  Raleigh NC 27815	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Health Care Coalitions	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> RYAN LORETTA L.  398 Goose Lake Rd  Grass Lake MI 49240	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 379.18		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>493 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> RYAN LORETTA L.  388 Goose Lake Rd  Grass Lake MI 49240  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 398.51	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.35		
<b>Full Name, Mailing Address, and ZIP Code</b> RYAN LORETTA L.  395 Goose Lake Rd  Grass Lake MI 49240  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 413.86	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.35		
<b>Full Name, Mailing Address, and ZIP Code</b> RYAN VIVIAN L.  2524 Wentworth Drive  Montgomery AL 36106  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 395.88	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.31		
<b>Full Name, Mailing Address, and ZIP Code</b> RYAN VIVIAN L.  2524 Wentworth Drive  Montgomery AL 36106  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 414.17	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.31		
<b>Full Name, Mailing Address, and ZIP Code</b> RYAN VIVIAN L.  2524 Wentworth Drive  Montgomery AL 36106  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 432.48	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.31		
<b>Full Name, Mailing Address, and ZIP Code</b> SABATELLI MARK A.  8109 Gabriels Bend Dr  Raleigh NC 27812  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Contract Operations  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>Full Name, Mailing Address, and ZIP Code</b> SABATELLI MARK A.  8109 Gabriels Bend Dr  Raleigh NC 27812  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Contract Operations  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	494 / 631
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> SABATELLI MARK A.  8109 Gabriels Bend Dr  Raleigh NC 27612		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Dir. Contract Operations			
		Aggregate Year-to-Date > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> SACK MICHAEL W.  765 Mountain Ave Pmb 349  Springfield NJ 07081		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep - Tas			
		Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> SACK MICHAEL W.  765 Mountain Ave Pmb 349  Springfield NJ 07081		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep - Tas			
		Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> SACK MICHAEL W.  765 Mountain Ave Pmb 349  Springfield NJ 07081		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep - Tas			
		Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> SAHOYE JAMES M.  2 Maple Pkwy  Staten Island NY 10303		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Executive Sales Rep - Inst			
		Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> SAHOYE JAMES M.  2 Maple Pkwy  Staten Island NY 10303		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Executive Sales Rep - Inst			
		Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> SAHOYE JAMES M.  2 Maple Pkwy  Staten Island NY 10303		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Executive Sales Rep - Inst			
		Aggregate Year-to-Date > \$ 200.16			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>495 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SALAMIDO GARY J.  100 Copperstone Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Reg. Dir. Prof Affairs  Aggregate Year-to-Date > \$ 572.22	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 26.52	
<b>Full Name, Mailing Address, and ZIP Code</b> SALAMIDO GARY J.  100 Copperstone Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Reg. Dir. Prof Affairs  Aggregate Year-to-Date > \$ 588.74	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 28.52	
<b>Full Name, Mailing Address, and ZIP Code</b> SALAMIDO GARY J.  100 Copperstone Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Reg. Dir. Prof Affairs  Aggregate Year-to-Date > \$ 625.28	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 26.52	
<b>Full Name, Mailing Address, and ZIP Code</b> SALYER MARK W.  205 Larkwood Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Mktg  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SALYER MARK W.  205 Larkwood Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Mktg  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SALYER MARK W.  205 Larkwood Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Mktg  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SAMPLE JACQUELYN SCRIVENS  2205 S Kingston Ct  Aurora CO 80014  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		496 / 631
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SAMPLE JACQUELYN SCRIVENS  2205 S Kingston Ct  Aurora CO 80014  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 151.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SAMPLE JACQUELYN SCRIVENS  2205 S Kingston Ct  Aurora CO 80014  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SANCHEZ JORGE L.  13400 Sw 5th St  Miami FL 33184  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Account Manager  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SANCHEZ JORGE L.  13400 Sw 5th St  Miami FL 33184  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Account Manager  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SANCHEZ JORGE L.  13400 Sw 5th St  Miami FL 33184  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Account Manager  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SANDERS KIM A.  2604 West 81st St.  Inglewood CA 90305  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 183.82	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.36	
<b>Full Name, Mailing Address, and ZIP Code</b> SANDERS KIM A.  2604 West 81st St.  Inglewood CA 90305  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 192.28	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.36	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>497 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> SANDERS KIM A.  2604 West 81st St. Inglewood CA 90305	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.36
	Occupation Sr. Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.64			
<b>Full Name, Mailing Address, and ZIP Code</b> SANDVOSS KENNETH J.  2151 Wyandot Dr Lima OH 45806	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> SANDVOSS KENNETH J.  2151 Wyandot Dr Lima OH 45806	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> SANDVOSS KENNETH J.  2151 Wyandot Dr Lima OH 45806	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> SANGIORGIO FRANK  5267 Apache Moon Carmel IN 46033	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.00
	Occupation Sr. District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 198.00			
<b>Full Name, Mailing Address, and ZIP Code</b> SANGIORGIO FRANK  5267 Apache Moon Carmel IN 46033	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.00
	Occupation Sr. District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 207.00			
<b>Full Name, Mailing Address, and ZIP Code</b> SANGIORGIO FRANK  5267 Apache Moon Carmel IN 46033	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.00
	Occupation Sr. District Sales Manager		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 216.00			

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>498 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> SANNER ROBERT W  16308 Snelling Cover  Leander TX 78641	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> SANNER ROBERT W  16308 Snelling Cover  Leander TX 78641	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> SANNER ROBERT W  16308 Snelling Cover  Leander TX 78641	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> SANTRY MARK J.  102 Nimbus Ct  Cary NC 27513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 26.96
	Occupation Dir. Cmd Program Dev & Mktg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 591.84		
<b>Full Name, Mailing Address, and ZIP Code</b> SANTRY MARK J.  102 Nimbus Ct  Cary NC 27513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 26.96
	Occupation Dir. Cmd Program Dev & Mktg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 608.80		
<b>Full Name, Mailing Address, and ZIP Code</b> SANTRY MARK J.  102 Nimbus Ct  Cary NC 27513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 26.96
	Occupation Dir. Cmd Program Dev & Mktg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 635.76		
<b>Full Name, Mailing Address, and ZIP Code</b> SARGENT RONALD A.  2246 Summerwind Cr  Henderson NV 89012	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>499 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SARGENT RONALD A.  2246 Summerwind Cr  Henderson NV 89012  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 151.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SARGENT RONALD A.  2246 Summerwind Cr  Henderson NV 89012  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SAUER CRAIG D.  19511 Water Point Trail  Kingwood TX 77346  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 348.08	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.52	
<b>Full Name, Mailing Address, and ZIP Code</b> SAUER CRAIG D.  19511 Water Point Trail  Kingwood TX 77346  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 362.58	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.52	
<b>Full Name, Mailing Address, and ZIP Code</b> SAUER CRAIG D.  19511 Water Point Trail  Kingwood TX 77346  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 379.10	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.52	
<b>Full Name, Mailing Address, and ZIP Code</b> SAWYER SHARON R.  104 Olde Springs Rd  Columbia SC 29223  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SAWYER SHARON R.  104 Olde Springs Rd  Columbia SC 29223  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>500 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> SAWYER SHARON R.  104 Old Springs Rd  Columbia SC 29223	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> SCACCIA THOMAS  7040 E. Granite Peaks  Prescott Valley AZ 86314	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> SCACCIA THOMAS  7040 E. Granite Peaks  Prescott Valley AZ 86314	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> SCACCIA THOMAS  7040 E. Granite Peaks  Prescott Valley AZ 86314	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> SCARAZZO NORMAN D.  3247 Starwick Ct  Canfield OH 44406	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.86
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 277.94		
<b>Full Name, Mailing Address, and ZIP Code</b> SCARAZZO NORMAN D.  3247 Starwick Ct  Canfield OH 44406	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 12.86
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 290.80		
<b>Full Name, Mailing Address, and ZIP Code</b> SCARAZZO NORMAN D.  3247 Starwick Ct  Canfield OH 44406	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 12.86
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 303.66		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>501 / 631</b> Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> SCHAAF ELLEN S.  3318 Cottonfield Dr  Mt Pleasant SC 29464  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 497.88		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 23.01	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHAAF ELLEN S.  3318 Cottonfield Dr  Mt Pleasant SC 29464  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 497.88		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 0.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHABEL RITA  9416 Tweeds Mill Rd  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Systems Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHABEL RITA  9416 Tweeds Mill Rd  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Systems Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHABEL RITA  9416 Tweeds Mill Rd  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Systems Manager  <b>Aggregate Year-to-Date</b> > \$ 200.16		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHACHLE JOSEPH K.  5804 Stone Canyon Ct  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Marketing  <b>Aggregate Year-to-Date</b> > \$ 587.78		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 27.23	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHACHLE JOSEPH K.  5804 Stone Canyon Ct  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Marketing  <b>Aggregate Year-to-Date</b> > \$ 615.01		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 27.23	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>502 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SCHACHLE JOSEPH K.  5804 Stone Canyon Ct  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Marketing  Aggregate Year-to-Date > \$ 642.24	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 27.23	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHAEFFER MARK L.  112 Doric Ct  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Trade/Hosp Rltms Ther Ar  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHAEFFER MARK L.  112 Doric Ct  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Trade/Hosp Rltms Ther Ar  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHAEFFER MARK L.  112 Doric Ct  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Trade/Hosp Rltms Ther Ar  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHALI GREGORY D.  16836 Gas Point Rd  Cottonwood CA 96002  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 312.18	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.52	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHALI GREGORY D.  16838 Gas Point Rd  Cottonwood CA 96002  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 326.70	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.52	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHALI GREGORY D.  16836 Gas Point Rd  Cottonwood CA 96002  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 341.22	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.52	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>503 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SCHAREN MARC D.  10409 Popkins Ct  Woodstock MD 21163  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 508.64	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 23.40	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHAREN MARC D.  10409 Popkins Ct  Woodstock MD 21163  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 530.04	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 23.40	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHAREN MARC D.  10409 Popkins Ct  Woodstock MD 21163  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 553.44	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 23.40	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHATZ WARREN  3439 28th Ave S  Fargo ND 58103  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 221.64	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.22	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHATZ WARREN  3439 28th Ave S  Fargo ND 58103  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 232.06	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.22	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHATZ WARREN  3439 28th Ave S  Fargo ND 58103  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 242.28	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.22	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHEBEN RICHARD R.  4250 Inclination Way  Missoula MT 59803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 278.78	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.15	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>504 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> SCHEBEN RICHARD R.  4250 Inclination Way  Missoula MT 59803	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.15		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 289.91			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHEBEN RICHARD R.  4250 Inclination Way  Missoula MT 59803	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.15		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 303.06			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHELL VINCENT DEAN  534 Glencoe Ave.  Waterloo IA 50701	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHELL VINCENT DEAN  554 Glencoe Ave.  Waterloo IA 50701	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHELL VINCENT DEAN  534 Glencoe Ave.  Waterloo IA 50701	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHIED ROBERT B  2937 Hearthside Ln  Lancaster PA 17801	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 330.00			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHIED ROBERT B  2937 Hearthside Ln  Lancaster PA 17801	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 345.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>505 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> SCHIED ROBERT B  2937 Heathside Ln  Lancaster PA 17601	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.00
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 360.00		
<b>Full Name, Mailing Address, and ZIP Code</b> SCHIMKE MARC J.  8219 Ne 279th St  Battle Ground WA 98604	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Account Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> SCHIMKE MARC J.  8219 Ne 279th St  Battle Ground WA 98604	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Account Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> SCHIMKE MARC J.  8219 Ne 279th St  Battle Ground WA 98604	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Account Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> SCHIMMING WALTER G.  N77 W18024 Settler's Court  Menomonee Falls WI 53051	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 15.10
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.72		
<b>Full Name, Mailing Address, and ZIP Code</b> SCHIMMING WALTER G.  N77 W18024 Settler's Court  Menomonee Falls WI 53051	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 15.10
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 188.82		
<b>Full Name, Mailing Address, and ZIP Code</b> SCHIMMING WALTER G.  N77 W18024 Settler's Court  Menomonee Falls WI 53051	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.10
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 213.92		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>506 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> SCHLICK JUDITH K.  7882 Chesshire Ln N  Maple Grove MN 55311	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.85		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 452.98			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHLICK JUDITH K.  7852 Chesshire Ln N  Maple Grove MN 55311	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.55		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 473.83			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHLICK JUDITH K.  7882 Chesshire Ln N  Maple Grove MN 55311	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.85		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 494.88			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHLOTTMAN CATHY ANN  6409 E Nisbet Rd  Scottsdale AZ 85254	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHLOTTMAN CATHY ANN  6409 E Nisbet Rd  Scottsdale AZ 85254	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHLOTTMAN CATHY ANN  6409 E Nisbet Rd  Scottsdale AZ 85254	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHMIDT RICHARD CHARLES  431 Christi Ln  Biloxi MS 39531	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.26		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 307.90			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>507 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> SCHMIDT RICHARD CHARLES  431 Christi Ln  Biloxi MS 39531	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.25
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 322.18		
<b>Full Name, Mailing Address, and ZIP Code</b> SCHMIDT RICHARD CHARLES  431 Christi Ln  Biloxi MS 39531	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.25
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 336.42		
<b>Full Name, Mailing Address, and ZIP Code</b> SCHMIDT WILLIAM F.  1350 W Obermiller Rd  Columbia MO 65202	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> SCHMIDT WILLIAM F.  1350 W Obermiller Rd  Columbia MO 65202	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> SCHMIDT WILLIAM F.  1350 W Obermiller Rd  Columbia MO 65202	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> SCHMIDTKE RONALD A.  8610 56th Ave E  Puget WA 98371	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> SCHMIDTKE RONALD A.  8610 56th Ave E  Puget WA 98371	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>508 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> SCHMIDTKE RONALD A.  8510 58th Ave E  Puyallup WA 98371	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHMITZ SUSAN J.  15690 Fremont Ave Nw  Prior Lake MN 55372	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHMITZ SUSAN J.  15690 Fremont Ave Nw  Prior Lake MN 55372	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHMITZ SUSAN J.  15690 Fremont Ave Nw  Prior Lake MN 55372	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHNEIDEWIND NED  295 Buckskin Trail  Bailey CO 80421	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.63		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 447.02			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHNEIDEWIND NED  295 Buckskin Trail  Bailey CO 80421	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.63		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 467.65			
<b>Full Name, Mailing Address, and ZIP Code</b> SCHNEIDEWIND NED  295 Buckskin Trail  Bailey CO 80421	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.63		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 488.28			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>509 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> SCHOLL SCOTTIE A.  1005 Mystic Streams Dr  Mount Juliet TN 37122	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.27		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 331.98					
<b>Full Name, Mailing Address, and ZIP Code</b> SCHOLL SCOTTIE A.  1005 Mystic Streams Dr  Mount Juliet TN 37122	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.27		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 348.25					
<b>Full Name, Mailing Address, and ZIP Code</b> SCHOLL SCOTTIE A.  1005 Mystic Streams Dr  Mount Juliet TN 37122	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.27		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep				
<b>Aggregate Year-to-Date</b> > \$ 364.52					
<b>Full Name, Mailing Address, and ZIP Code</b> SCHUYLER WILLIAM  2818 S Abingdon St Apt B-2  Arlington VA 22206	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 24.55		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Federal Govt Relations I				
<b>Aggregate Year-to-Date</b> > \$ 533.08					
<b>Full Name, Mailing Address, and ZIP Code</b> SCHUYLER WILLIAM  2818 S Abingdon St Apt B-2  Arlington VA 22206	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 24.55		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Federal Govt Relations I				
<b>Aggregate Year-to-Date</b> > \$ 557.63					
<b>Full Name, Mailing Address, and ZIP Code</b> SCHUYLER WILLIAM  2818 S Abingdon St Apt B-2  Arlington VA 22206	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 24.55		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Federal Govt Relations I				
<b>Aggregate Year-to-Date</b> > \$ 582.18					
<b>Full Name, Mailing Address, and ZIP Code</b> SCHWAB PATRICIA A.  8780 Sw 64th Ct  Miami FL 33143	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 23.69		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Reg. Sales Dir				
<b>Aggregate Year-to-Date</b> > \$ 513.20					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>510 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SCHWAB PATRICIA A.  8780 Sw 64th Ct  Miami FL 33143  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 538.89	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 23.89	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHWAB PATRICIA A.  8780 Sw 64th Ct  Miami FL 33143  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 560.58	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 23.89	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHWARTZ JAY D.  3940 White Chapel Way  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mtg Assoc Xii  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHWARTZ JAY D.  3940 White Chapel Way  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mtg Assoc Xii  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SCHWARTZ JAY D.  3940 White Chapel Way  Raleigh NC 27615  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mtg Assoc Xii  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SCOFIELD THOMAS E.  Po Box 389  La Fayette NY 13084  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SCOFIELD THOMAS E.  Po Box 389  La Fayette NY 13084  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>511 / 631</b>	
Use separate schedule(s) for each category of the Detailed Summary Page				<b>FOR LINE NUMBER 11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> SCOFIELD THOMAS E.  Po Box 388  La Fayette NY 13084  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 240.00		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SCOZZARI GLENN A.  16 Cypress St  Milburn NJ 07041  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 276.56		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 12.83	
<b>Full Name, Mailing Address, and ZIP Code</b> SCOZZARI GLENN A.  18 Cypress St  Milburn NJ 07041  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 289.39		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 12.83	
<b>Full Name, Mailing Address, and ZIP Code</b> SCRIVNER PAUL J.  6433 W 82nd St  Los Angeles CA 90045  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 216.35		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 11.48	
<b>Full Name, Mailing Address, and ZIP Code</b> SCRIVNER PAUL J.  6433 W 82nd St  Los Angeles CA 90045  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 227.83		<b>Date (month, day, year)</b> 12/15/2000  <b>Amount of Each Receipt this Period</b> 11.48	
<b>Full Name, Mailing Address, and ZIP Code</b> SCRIVNER PAUL J.  6433 W 82nd St  Los Angeles CA 90045  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 239.31		<b>Date (month, day, year)</b> 12/31/2000  <b>Amount of Each Receipt this Period</b> 11.48	
<b>Full Name, Mailing Address, and ZIP Code</b> SEATON PETER J.  245 Fox Hunter Dr  Alpharetta GA 30022  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. National Accounts  <b>Aggregate Year-to-Date</b> > \$ 220.00		<b>Date (month, day, year)</b> 11/30/2000  <b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>512 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SEATON PETER J.  245 Fox Hunter Dr  Alpharetta GA 30022  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. National Accounts  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SEATON PETER J.  245 Fox Hunter Dr  Alpharetta GA 30022  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. National Accounts  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SEE MICHAEL D.  4669 Bondale Dr.  Columbus GA 31907  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SEE MICHAEL D.  4669 Bondale Dr.  Columbus GA 31907  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SEE MICHAEL D.  4669 Bondale Dr.  Columbus GA 31907  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SEIFERT ELIZABETH TAYLOR  107 St. Brides Cl.  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Public Policy Dev  <b>Aggregate Year-to-Date</b> > \$ 333.43	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 22.73	
<b>Full Name, Mailing Address, and ZIP Code</b> SEIFERT ELIZABETH TAYLOR  107 St. Brides Cl.  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Public Policy Dev  <b>Aggregate Year-to-Date</b> > \$ 356.16	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 22.73	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>513 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SEIFERT ELIZABETH TAYLOR  107 St. Brides Ct.  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Public Policy Dev  Aggregate Year-to-Date > \$ 378.89	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  22.73	
<b>Full Name, Mailing Address, and ZIP Code</b> SELVEY ROGER W.  3608 Dandelion Dr  Plano TX 75093  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Reg. Sales Dir  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SELVEY ROGER W.  3608 Dandelion Dr  Plano TX 75093  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Reg. Sales Dir  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SELVEY ROGER W.  3608 Dandelion Dr  Plano TX 75093  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Reg. Sales Dir  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SEMANS JIM RICHARD  1509 Broken Bow Trl  Carrollton TX 75007  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SEMANS JIM RICHARD  1509 Broken Bow Trl  Carrollton TX 75007  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SEMANS JIM RICHARD  1509 Broken Bow Trl  Carrollton TX 75007  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>514 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> SERGENIAN BRIAN W.  22 Stowell Rd  Winchester MA 01890	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.84
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 385.34		
<b>Full Name, Mailing Address, and ZIP Code</b> SERGENIAN BRIAN W.  22 Stowell Rd  Winchester MA 01890	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.84
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 403.18		
<b>Full Name, Mailing Address, and ZIP Code</b> SERGENIAN BRIAN W.  22 Stowell Rd  Winchester MA 01890	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.84
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 421.02		
<b>Full Name, Mailing Address, and ZIP Code</b> SETTLE JOHN BERTRAM  1000 Arlington Ct  Export PA 15632	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 19.65
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 426.66		
<b>Full Name, Mailing Address, and ZIP Code</b> SETTLE JOHN BERTRAM  1000 Arlington Ct  Export PA 15632	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 19.65
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 446.31		
<b>Full Name, Mailing Address, and ZIP Code</b> SETTLE JOHN BERTRAM  1000 Arlington Ct  Export PA 15632	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 19.65
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 465.96		
<b>Full Name, Mailing Address, and ZIP Code</b> SHACKELFORD DAVID C.  114 Thornewood Dr  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sec. Hd. Process Validation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>515 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SHACKELFORD DAVID C.  114 Thornewood Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sec. Hd. Process Validation  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SHACKELFORD DAVID C.  114 Thornewood Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sec. Hd. Process Validation  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SHACKELFORD DEBORAH  114 Thornewood Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Trng & Dev Advisory Analyst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SHACKELFORD DEBORAH  114 Thornewood Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Trng & Dev Advisory Analyst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SHACKELFORD DEBORAH  114 Thornewood Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Trng & Dev Advisory Analyst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SHAEFER MARK STEVEN  1039 Kingsway Dr  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Prin Clin Rsch Program Head  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SHAEFER MARK STEVEN  1039 Kingsway Dr  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Prin Clin Rsch Program Head  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>516 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SHAEFER MARK STEVEN  1039 Kingsway Dr  Apex NC 27502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Prin Clin Resch Program Head  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SHAFFER JAMES P.  105 Walcott Way  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Product Mgr.  Aggregate Year-to-Date > \$ 460.84	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 21.23	
<b>Full Name, Mailing Address, and ZIP Code</b> SHAFFER JAMES P.  108 Walcott Way  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Product Mgr.  Aggregate Year-to-Date > \$ 482.17	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 21.23	
<b>Full Name, Mailing Address, and ZIP Code</b> SHAFFER JAMES P.  109 Walcott Way  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Product Mgr.  Aggregate Year-to-Date > \$ 503.40	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 21.23	
<b>Full Name, Mailing Address, and ZIP Code</b> SHANNON JOHN E.  3908 Wynford Dr  Durham NC 27707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Mgr. Media Hc Technology  Aggregate Year-to-Date > \$ 454.62	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 21.10	
<b>Full Name, Mailing Address, and ZIP Code</b> SHANNON JOHN E.  3908 Wynford Dr  Durham NC 27707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Mgr. Media Hc Technology  Aggregate Year-to-Date > \$ 475.72	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 21.10	
<b>Full Name, Mailing Address, and ZIP Code</b> SHANNON JOHN E.  3908 Wynford Dr  Durham NC 27707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Mgr. Media Hc Technology  Aggregate Year-to-Date > \$ 498.82	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 21.10	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>517 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SHARMA RAJEEV  5035 Red Tail Run  Clarence NY 14221  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 203.88	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.39	
<b>Full Name, Mailing Address, and ZIP Code</b> SHARMA RAJEEV  5035 Red Tail Run  Clarence NY 14221  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 213.27	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.39	
<b>Full Name, Mailing Address, and ZIP Code</b> SHARMA RAJEEV  5035 Red Tail Run  Clarence NY 14221  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 222.68	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.39	
<b>Full Name, Mailing Address, and ZIP Code</b> SHARMA VIJAY K.  23755 Gold Nugget Ave  Diamond Bar CA 91765  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 278.46	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.84	
<b>Full Name, Mailing Address, and ZIP Code</b> SHARMA VIJAY K.  23755 Gold Nugget Ave  Diamond Bar CA 91765  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 291.30	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.84	
<b>Full Name, Mailing Address, and ZIP Code</b> SHARMA VIJAY K.  23755 Gold Nugget Ave  Diamond Bar CA 91765  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 304.14	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.84	
<b>Full Name, Mailing Address, and ZIP Code</b> SHAWHAN JENNIFER J.  261 Cardinal Lane  Hartland WI 53029  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>518 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SHAWHAN JENNIFER J.  261 Cardinal Lane  Hartland WI 53020  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SHAWHAN JENNIFER J.  261 Cardinal Lane  Hartland WI 53029  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SHEKORE BRIDGET A.  28461 Waterview Dr  Easton MD 21601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 238.44	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.83	
<b>Full Name, Mailing Address, and ZIP Code</b> SHEKORE BRIDGET A.  28461 Waterview Dr  Easton MD 21601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 247.37	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.93	
<b>Full Name, Mailing Address, and ZIP Code</b> SHEKORE BRIDGET A.  28461 Waterview Dr  Easton MD 21601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 258.30	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.93	
<b>Full Name, Mailing Address, and ZIP Code</b> SHELDON DOUGLAS B.  803 Bell St  Edmonds WA 98020  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 287.34	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.23	
<b>Full Name, Mailing Address, and ZIP Code</b> SHELDON DOUGLAS B.  803 Bell St  Edmonds WA 98020  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 300.57	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.23	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	519 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> SHELDON DOUGLAS B.  803 Bal St  Edmonds WA 98020		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Tas		<b>Aggregate Year-to-Date</b> > \$ 313.80	
<b>Full Name, Mailing Address, and ZIP Code</b> SHELTON RONALD  167 Archgate Court  Clarksville TN 37043		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Tas		<b>Aggregate Year-to-Date</b> > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> SHELTON RONALD  167 Archgate Court  Clarksville TN 37043		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Tas		<b>Aggregate Year-to-Date</b> > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> SHELTON RONALD  167 Archgate Court  Clarksville TN 37043		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Tas		<b>Aggregate Year-to-Date</b> > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> SHERRILL TERRI ANN  9 Wilsford Ct  Hillsborough NC 27278		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Regional Care Mgr.		<b>Aggregate Year-to-Date</b> > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> SHERRILL TERRI ANN  9 Wilsford Ct  Hillsborough NC 27278		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Regional Care Mgr.		<b>Aggregate Year-to-Date</b> > \$ 191.82	
<b>Full Name, Mailing Address, and ZIP Code</b> SHERRILL TERRI ANN  9 Wilsford Ct  Hillsborough NC 27278		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Regional Care Mgr.		<b>Aggregate Year-to-Date</b> > \$ 200.16	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	520 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> SHINSKE JAMES T.  34 Fox Hill Dr  Tabernash NJ 08088		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 358.38			
<b>Full Name, Mailing Address, and ZIP Code</b> SHINSKE JAMES T.  34 Fox Hill Dr  Tabernash NJ 08088		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 374.88			
<b>Full Name, Mailing Address, and ZIP Code</b> SHINSKE JAMES T.  34 Fox Hill Dr  Tabernash NJ 08088		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 391.38			
<b>Full Name, Mailing Address, and ZIP Code</b> SHIPLEY JOE DAVID  10013 Polo Park Cir  Waco TX 76712		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 246.72			
<b>Full Name, Mailing Address, and ZIP Code</b> SHIPLEY JOE DAVID  10013 Polo Park Cir  Waco TX 76712		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 262.14			
<b>Full Name, Mailing Address, and ZIP Code</b> SHIPLEY JOE DAVID  10013 Polo Park Cir  Waco TX 76712		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 277.56			
<b>Full Name, Mailing Address, and ZIP Code</b> SHISHIK SERENE A.  Po Box 1528  Stockbridge MA 01262		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 200.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>521 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SHISHIK SERENE A.  Po Box 1528  Stockbridge MA 01262  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 210.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SHISHIK SERENE A.  Po Box 1525  Stockbridge MA 01262  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SHORE WILLIAM A.  28 Clearwater Dr  Durham NC 27707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Corporate Community Affrs  Aggregate Year-to-Date > \$ 804.24	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 27.79	
<b>Full Name, Mailing Address, and ZIP Code</b> SHORE WILLIAM A.  28 Clearwater Dr  Durham NC 27707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Corporate Community Affrs  Aggregate Year-to-Date > \$ 632.03	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 27.79	
<b>Full Name, Mailing Address, and ZIP Code</b> SHORE WILLIAM A.  28 Clearwater Dr  Durham NC 27707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Corporate Community Affrs  Aggregate Year-to-Date > \$ 658.82	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 27.79	
<b>Full Name, Mailing Address, and ZIP Code</b> SIBERT LUTHER L.  1159 Shipwatch Cir  Tampa FL 33602  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Account Manager  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SIBERT LUTHER L.  1188 Shipwatch Cir  Tampa FL 33602  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Account Manager  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>522 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> SIBERT LUTHER L.  1189 Shipwreck Cir  Tampa FL 33602	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Account Manager	<b>Aggregate Year-to-Date</b> > \$ 200.18			
<b>Full Name, Mailing Address, and ZIP Code</b> SICA DIANA  29 Roundtop Rd  Yonkers NY 10710	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 345.72			
<b>Full Name, Mailing Address, and ZIP Code</b> SICA DIANA  29 Roundtop Rd  Yonkers NY 10710	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.80		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 361.62			
<b>Full Name, Mailing Address, and ZIP Code</b> SICA DIANA  29 Roundtop Rd  Yonkers NY 10710	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.90		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 377.52			
<b>Full Name, Mailing Address, and ZIP Code</b> SICA JASON A.  4 Baldwin Ct  Whippany NJ 07981	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.38		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 221.22			
<b>Full Name, Mailing Address, and ZIP Code</b> SICA JASON A.  4 Baldwin Ct  Whippany NJ 07981	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.38		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 231.60			
<b>Full Name, Mailing Address, and ZIP Code</b> SICA JASON A.  4 Baldwin Ct  Whippany NJ 07981	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.38		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 241.98			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>523 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SICILIANO ANN B.  916 Mockingbird Dr  Harrisonburg VA 22802  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SICILIANO ANN B.  916 Mockingbird Dr  Harrisonburg VA 22802  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SICILIANO ANN B.  916 Mockingbird Dr  Harrisonburg VA 22802  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SICKENBERGER ROBERT D.  26 Carriage Rd  Greensburg PA 15601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SICKENBERGER ROBERT D.  26 Carriage Rd  Greensburg PA 15601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SICKENBERGER ROBERT D.  26 Carriage Rd  Greensburg PA 15601  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SILBERMAN DAVID B.  12312 Timber Grove Rd  Owings Mills MD 21117  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>524 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SILBERMAN DAVID B.  12312 Timber Grove Rd  Owings Mills MD 21117  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SILBERMAN DAVID B.  12312 Timber Grove Rd  Owings Mills MD 21117  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SILKWORTH MICHAEL SHAWN  5637 Ventura Pl  Haslett MI 48840  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 198.64	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.13	
<b>Full Name, Mailing Address, and ZIP Code</b> SILKWORTH MICHAEL SHAWN  5637 Ventura Pl  Haslett MI 48840  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 207.77	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.13	
<b>Full Name, Mailing Address, and ZIP Code</b> SILKWORTH MICHAEL SHAWN  5637 Ventura Pl  Haslett MI 48840  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 216.90	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.13	
<b>Full Name, Mailing Address, and ZIP Code</b> SILVA MANUEL C.  6220 Therfield Dr  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> VP Engineering  <b>Aggregate Year-to-Date</b> > \$ 840.17	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 79.17	
<b>Full Name, Mailing Address, and ZIP Code</b> SIMMONS RICHARD M.  2925 Trevor St  Pocatello ID 83201  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 277.98	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.79	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>525 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SIMMONS RICHARD M.  2925 Trevor St  Pocatello ID 83201  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 250.75	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.79	
<b>Full Name, Mailing Address, and ZIP Code</b> SIMMONS RICHARD M.  2925 Trevor St  Pocatello ID 83201  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 303.54	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.79	
<b>Full Name, Mailing Address, and ZIP Code</b> SIMMS NATHAN F.  104 Waverly Pl  Durham NC 27713  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Account Mgr.  <b>Aggregate Year-to-Date</b> > \$ 185.90	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.45	
<b>Full Name, Mailing Address, and ZIP Code</b> SIMMS NATHAN F.  104 Waverly Pl  Durham NC 27713  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Account Mgr.  <b>Aggregate Year-to-Date</b> > \$ 194.35	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.45	
<b>Full Name, Mailing Address, and ZIP Code</b> SIMMS NATHAN F.  104 Waverly Pl  Durham NC 27713  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Account Mgr.  <b>Aggregate Year-to-Date</b> > \$ 202.80	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.45	
<b>Full Name, Mailing Address, and ZIP Code</b> SIMON RODNEY JAMES  11300 N Canada Creek Dr  Tucson AZ 85737  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SIMON RODNEY JAMES  11300 N Canada Creek Dr  Tucson AZ 85737  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>526 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SIMON RODNEY JAMES  11300 N Canada Creek Dr  Tucson AZ 85737  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SINGER CHRISTOPHER A.  411 Midenhal Way  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> VP Sales  <b>Aggregate Year-to-Date</b> > \$ 861.88	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 81.04	
<b>Full Name, Mailing Address, and ZIP Code</b> SIOSON MICHAEL ANTHONY  2689 Lotus Street  Pleasanton CA 94588  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SIOSON MICHAEL ANTHONY  2689 Lotus Street  Pleasanton CA 94588  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SIOSON MICHAEL ANTHONY  2689 Lotus Street  Pleasanton CA 94588  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SISSON EDWARD A.  1615 Avery St  Parkersburg WV 26101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SISSON EDWARD A.  1615 Avery St  Parkersburg WV 26101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>527 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> SISSON EDWARD A.  1515 Avery St Parkersburg WV 26101	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> SKALLA REBEKAH M.  538 Walden Glen Lane Evans GA 30809	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.34
	Occupation Sr Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 185.68		
<b>Full Name, Mailing Address, and ZIP Code</b> SKALLA REBEKAH M.  538 Walden Glen Lane Evans GA 30809	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.34
	Occupation Sr Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 195.02		
<b>Full Name, Mailing Address, and ZIP Code</b> SKALLA REBEKAH M.  538 Walden Glen Lane Evans GA 30809	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.34
	Occupation Sr Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 204.36		
<b>Full Name, Mailing Address, and ZIP Code</b> SKELTON KEITH A.  11675 Lawrence 1163 Mt. Vernon MO 65712	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.80
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 276.86		
<b>Full Name, Mailing Address, and ZIP Code</b> SKELTON KEITH A.  11675 Lawrence 1183 Mt. Vernon MO 65712	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.58
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 290.44		
<b>Full Name, Mailing Address, and ZIP Code</b> SKELTON KEITH A.  11675 Lawrence 1163 Mt. Vernon MO 65712	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.58
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 304.02		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>528 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SKIBA KENNETH J.  6537 Crabtree Ln  Brecksville OH 44141  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SKIBA KENNETH J.  6537 Crabtree Ln  Brecksville OH 44141  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SKIBA KENNETH J.  6537 Crabtree Ln  Brecksville OH 44141  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SKUPA MARY T.  5924 David Ct  Shoreview MN 55126  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 198.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SKUPA MARY T.  5924 David Ct  Shoreview MN 55126  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 207.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SKUPA MARY T.  5924 David Ct  Shoreview MN 55126  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 216.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SLACK TED W.  4 Marion Ave.  West Conshohocken PA 19380  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. National Accts  <b>Aggregate Year-to-Date</b> > \$ 468.34	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 21.73	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	529 / 631
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> SLACK TED W.  4 Merion Ave.  West Conshohocken PA 19428		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 21.73
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Mgr. National Accts			
		<b>Aggregate Year-to-Date</b> > \$ 450.07			
<b>Full Name, Mailing Address, and ZIP Code</b> SLACK TED W.  4 Merion Ave.  West Conshohocken PA 19428		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 21.73
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Mgr. National Accts			
		<b>Aggregate Year-to-Date</b> > \$ 511.80			
<b>Full Name, Mailing Address, and ZIP Code</b> SLATKO GARY H  4921 Crenshaw Court  Raleigh NC 27614		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> VP Care Management Ops			
		<b>Aggregate Year-to-Date</b> > \$ 300.00			
<b>Full Name, Mailing Address, and ZIP Code</b> SLOAN ALBERT F.  4204 Stratford Drive  Wilson NC 27896		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Process Improvement II			
		<b>Aggregate Year-to-Date</b> > \$ 198.00			
<b>Full Name, Mailing Address, and ZIP Code</b> SLOAN ALBERT F.  4204 Stratford Drive  Wilson NC 27896		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Process Improvement II			
		<b>Aggregate Year-to-Date</b> > \$ 207.00			
<b>Full Name, Mailing Address, and ZIP Code</b> SLOAN ALBERT F.  4204 Stratford Drive  Wilson NC 27896		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Process Improvement II			
		<b>Aggregate Year-to-Date</b> > \$ 216.00			
<b>Full Name, Mailing Address, and ZIP Code</b> SLOMAN EDWARD B.  2631 Turkey Mountain Rd Ne  Rome GA 30161		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>530 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SLOMAN EDWARD B.  2631 Turkey Mountain Rd Ne  Rome GA 30161  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SLOMAN EDWARD B.  2631 Turkey Mountain Rd Ne  Rome GA 30161  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SMERDON STEPHANIE L  876 Juniper Way  Mahwah NJ 07430  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 232.51	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.58	
<b>Full Name, Mailing Address, and ZIP Code</b> SMERDON STEPHANIE L  876 Juniper Way  Mahwah NJ 07430  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 243.09	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.58	
<b>Full Name, Mailing Address, and ZIP Code</b> SMERDON STEPHANIE L  876 Juniper Way  Mahwah NJ 07430  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 253.67	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.58	
<b>Full Name, Mailing Address, and ZIP Code</b> SMETZER ROSS C  6486 Care Ln  Valley Springs CA 95252  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SMETZER ROSS C  6486 Care Ln  Valley Springs CA 95252  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>531 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> SMETZER ROSS C  6406 Cane Ln Valley Springs CA 95252 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH BRAD J.  2019 S 299th St Federal Way WA 98003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.75
	Occupation Sr. Executive Sales Rep		
	Aggregate Year-to-Date > \$ 319.76		
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH BRAD J.  2019 S 299th St Federal Way WA 98003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.75
	Occupation Sr. Executive Sales Rep		
	Aggregate Year-to-Date > \$ 334.51		
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH BRAD J.  2019 S 299th St Federal Way WA 98003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.75
	Occupation Sr. Executive Sales Rep		
	Aggregate Year-to-Date > \$ 349.26		
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH CATHERINE C.  203 Stonehal Ct Virginia Beach VA 23462 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.04
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date > \$ 274.10		
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH CATHERINE C.  203 Stonehal Ct Virginia Beach VA 23462 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.04
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date > \$ 287.14		
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH CATHERINE C.  203 Stonehal Ct Virginia Beach VA 23462 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.04
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date > \$ 300.18		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>532 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> SMITH DAN D.  34820 Highway 58  Eugene OR 97405	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.81
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 257.70		
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH DAN D.  34820 Highway 58  Eugene OR 97405	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.91
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 269.61		
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH DAN D.  34820 Highway 58  Eugene OR 97405	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.81
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 281.52		
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH DOUGLAS D.  3922 Tiger Point Blvd  Gulf Breeze FL 32561	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH DOUGLAS D.  3922 Tiger Point Blvd  Gulf Breeze FL 32561	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH DOUGLAS D.  3922 Tiger Point Blvd  Gulf Breeze FL 32561	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH JULIE M  1622 W Diversey Pkwy Apt 2b  Chicago IL 60614	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.83
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 212.90		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>533 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH JULIE M  1622 W Diversey Pkwy Apt 2b  Chicago IL 60614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 222.73	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.83	
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH JULIE M  1622 W Diversey Pkwy Apt 2b  Chicago IL 60614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 232.56	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.83	
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH MARK G.  P. O. Box 40  Roebuck SC 29376  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH MARK G.  P. O. Box 40  Roebuck SC 29376  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH MARK G.  P. O. Box 40  Roebuck SC 29376  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH MARY E.  86 Ackertown Rd  Monsey NY 10952  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 215.04	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.53	
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH MARY E.  86 Ackertown Rd  Monsey NY 10952  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 224.97	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.83	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>534 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH MARY E.  85 Ackertown Rd  Monsey NY 10952  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 234.90	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  9.83	
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH SCOTT A.  7705 Tyleron Dr.  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VIII  <b>Aggregate Year-to-Date</b> > \$ 386.76	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  17.79	
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH SCOTT A.  7705 Tyleron Dr.  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VIII  <b>Aggregate Year-to-Date</b> > \$ 404.55	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  17.79	
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH SCOTT A.  7705 Tyleron Dr.  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VIII  <b>Aggregate Year-to-Date</b> > \$ 422.34	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  17.79	
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH WOODIE L.  555 Calmwater Ln  Alpharetta GA 30022  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Regional Corp Health Mgr  <b>Aggregate Year-to-Date</b> > \$ 491.94	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  22.77	
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH WOODIE L.  555 Calmwater Ln  Alpharetta GA 30022  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Regional Corp Health Mgr  <b>Aggregate Year-to-Date</b> > \$ 514.71	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  22.77	
<b>Full Name, Mailing Address, and ZIP Code</b> SMITH WOODIE L.  555 Calmwater Ln  Alpharetta GA 30022  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Regional Corp Health Mgr  <b>Aggregate Year-to-Date</b> > \$ 537.48	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  22.77	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>535 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SMOLINSKI GARY M.  2559 Shagbark Ave Se  Grand Rapids MI 49546  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 414.08	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  19.52	
<b>Full Name, Mailing Address, and ZIP Code</b> SMOLINSKI GARY M.  2559 Shagbark Ave Se  Grand Rapids MI 49546  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 433.60	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  19.52	
<b>Full Name, Mailing Address, and ZIP Code</b> SMOLINSKI GARY M.  2559 Shagbark Ave Se  Grand Rapids MI 49546  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 453.12	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  19.52	
<b>Full Name, Mailing Address, and ZIP Code</b> SNAPP KAREN L.  5417 Knollwood Dr  Abilene TX 79606  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 263.86	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  12.16	
<b>Full Name, Mailing Address, and ZIP Code</b> SNAPP KAREN L.  5417 Knollwood Dr  Abilene TX 79606  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 276.02	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  12.16	
<b>Full Name, Mailing Address, and ZIP Code</b> SNAPP KAREN L.  5417 Knollwood Dr  Abilene TX 79606  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 288.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  12.16	
<b>Full Name, Mailing Address, and ZIP Code</b> SNOODY STEVEN R.  4706 E Via Montoya Dr  Phoenix AZ 85050  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>536 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SNODDY STEVEN R.  4706 E Via Montoya Dr  Phoenix AZ 85050  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SNODDY STEVEN R.  4706 E Via Montoya Dr  Phoenix AZ 85050  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SNYDER CYNTHIA C.  13 Virginia Dare Ct  Durham NC 27705  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Strategic Ops - P&sga  <b>Aggregate Year-to-Date</b> > \$ 414.80	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.07	
<b>Full Name, Mailing Address, and ZIP Code</b> SNYDER CYNTHIA C.  13 Virginia Dare Ct  Durham NC 27705  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Strategic Ops - P&sga  <b>Aggregate Year-to-Date</b> > \$ 433.87	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.07	
<b>Full Name, Mailing Address, and ZIP Code</b> SNYDER CYNTHIA C.  13 Virginia Dare Ct  Durham NC 27705  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Strategic Ops - P&sga  <b>Aggregate Year-to-Date</b> > \$ 452.94	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 19.07	
<b>Full Name, Mailing Address, and ZIP Code</b> SOBOTTA RUSSELL R.  5989 Artist Bay Rd  West Bend WI 53095  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Reg Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SOBOTTA RUSSELL R.  5989 Artist Bay Rd  West Bend WI 53095  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Reg Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>537 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SOBOTTA RUSSELL R.  5089 Artist Bay Rd  West Bend WI 53095  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Reg Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SOGOL ELLIOTT M.  3828 Sweeten Creek Rd  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. External Prof Educ Prog  <b>Aggregate Year-to-Date</b> > \$ 403.82	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.36	
<b>Full Name, Mailing Address, and ZIP Code</b> SOGOL ELLIOTT M.  3828 Sweeten Creek Rd  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. External Prof Educ Prog  <b>Aggregate Year-to-Date</b> > \$ 422.28	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.36	
<b>Full Name, Mailing Address, and ZIP Code</b> SOGOL ELLIOTT M.  3828 Sweeten Creek Rd  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. External Prof Educ Prog  <b>Aggregate Year-to-Date</b> > \$ 440.64	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.36	
<b>Full Name, Mailing Address, and ZIP Code</b> SOKOL ASHLEY B.  5225 Caber Rd.  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 187.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> SOKOL ASHLEY B.  5225 Caber Rd.  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 195.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> SOKOL ASHLEY B.  5225 Caber Rd.  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 204.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>538 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> SOMMER JAMES R.  484 Hilltop Rd  Troy TX 76579  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 254.04	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.54		
<b>Full Name, Mailing Address, and ZIP Code</b> SOMMER JAMES R.  484 Hilltop Rd  Troy TX 76579  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 307.58	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.54		
<b>Full Name, Mailing Address, and ZIP Code</b> SOMMER JAMES R.  484 Hilltop Rd  Troy TX 76579  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 321.12	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.54		
<b>Full Name, Mailing Address, and ZIP Code</b> SONGERO JOSEPH J.  17858 Rose Ave  Lansing IL 60438  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> SONGERO JOSEPH J.  17858 Rose Ave  Lansing IL 60438  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> SONGERO JOSEPH J.  17858 Rose Ave  Lansing IL 60438  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> SONS STEVE R.  103 Winterbrook Ct  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> VP Org Effectiveness  <b>Aggregate Year-to-Date</b> > \$ 943.02	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 79.42		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	539 / 631
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> SORENSEN BARBARA  73 Fernwood Ter  Stewart Manor NY 11530		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> SORENSEN BARBARA  73 Fernwood Ter  Stewart Manor NY 11530		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> SORENSEN BARBARA  73 Fernwood Ter  Stewart Manor NY 11530		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Executive Sales Rep - Inst			
		<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> SORRELLS SUSAN C.  7508 Glendower Rd  Raleigh NC 27613		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Clin Rsch Program Head			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> SORRELLS SUSAN C.  7508 Glendower Rd  Raleigh NC 27613		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Clin Rsch Program Head			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> SORRELLS SUSAN C.  7508 Glendower Rd  Raleigh NC 27613		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Clin Rsch Program Head			
		<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> SORRENTINO RONALD J.  106 Spring Bud Dr  Cary NC 27513		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 22.29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Trade/Hosp Rltns Ther Ar			
		<b>Aggregate Year-to-Date</b> > \$ 482.64			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>540 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SORRENTINO RONALD J.  106 Spring Bud Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Trade/Hosp Rltns Ther Ar  <b>Aggregate Year-to-Date</b> > \$ 504.93	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  22.29	
<b>Full Name, Mailing Address, and ZIP Code</b> SORRENTINO RONALD J.  106 Spring Bud Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Dir. Trade/Hosp Rltns Ther Ar  <b>Aggregate Year-to-Date</b> > \$ 527.22	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  22.29	
<b>Full Name, Mailing Address, and ZIP Code</b> SPANGLER KENNETH G.  12370 Eagles Nest Drive  Bocaeala FL 33922  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 334.88	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  15.41	
<b>Full Name, Mailing Address, and ZIP Code</b> SPANGLER KENNETH G.  12370 Eagles Nest Drive  Bocaeala FL 33922  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 350.29	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  15.41	
<b>Full Name, Mailing Address, and ZIP Code</b> SPANGLER KENNETH G.  12370 Eagles Nest Drive  Bocaeala FL 33922  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 366.70	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  15.41	
<b>Full Name, Mailing Address, and ZIP Code</b> SPERRAZZA VICTOR  Po Box 577  Cedar Glen CA 92321  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SPERRAZZA VICTOR  Po Box 577  Cedar Glen CA 92321  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>541 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> SPERRAZZA VICTOR  Po Box 577  Cedar Glen CA 82321	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> SPYKER GREGORY A.  12565 N Oracle Rd #141 Pmb 409  Tucson AZ 85739	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> SPYKER GREGORY A.  12885 N Oracle Rd #141 Pmb 409  Tucson AZ 85739	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> SPYKER GREGORY A.  12995 N Oracle Rd #141 Pmb 409  Tucson AZ 85739	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> SREMANAK NICHOLAS  40 Crestview Drive  Duncansville PA 16835	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> SREMANAK NICHOLAS  40 Crestview Drive  Duncansville PA 16835	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> SREMANAK NICHOLAS  40 Crestview Drive  Duncansville PA 16835	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>542 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ST GEORGE JOSEPH H.  Po Box 680667  San Antonio TX 78268  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Mgr. Fed Health System  <b>Aggregate Year-to-Date</b> > \$ 438.67	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 22.15	
<b>Full Name, Mailing Address, and ZIP Code</b> ST GEORGE JOSEPH H.  Po Box 680667  San Antonio TX 78268  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Mgr. Fed Health System  <b>Aggregate Year-to-Date</b> > \$ 460.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 22.15	
<b>Full Name, Mailing Address, and ZIP Code</b> ST GEORGE JOSEPH H.  Po Box 680667  San Antonio TX 78268  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Mgr. Fed Health System  <b>Aggregate Year-to-Date</b> > \$ 482.97	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 22.15	
<b>Full Name, Mailing Address, and ZIP Code</b> STALLMAN LEO  2127 E Timberlane Dr  Traverse City MI 49686  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 163.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STALLMAN LEO  2127 E Timberlane Dr  Traverse City MI 49686  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STALLMAN LEO  2127 E Timberlane Dr  Traverse City MI 49686  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STANCIL MELANIE L.  1203 Riverbirch Dr  Knightdale NC 27545  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Team Leader Prod Graphic Svcs  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>543 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> STANCIL MELANIE L.  1203 Riverbirch Dr  Knightdale NC 27545  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
	Occupation Team Leader Prod Graphic Svcs	Aggregate Year-to-Date > \$ 151.82	
<b>Full Name, Mailing Address, and ZIP Code</b> STANCIL MELANIE L.  1203 Riverbirch Dr  Knightdale NC 27545  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  8.34
	Occupation Team Leader Prod Graphic Svcs	Aggregate Year-to-Date > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> STANLEY JOSEPH M.  67 Heron Pointe Ct.  Destin FL 32541  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  16.77
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 364.15	
<b>Full Name, Mailing Address, and ZIP Code</b> STANLEY JOSEPH M.  67 Heron Pointe Ct.  Destin FL 32541  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  16.77
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 340.92	
<b>Full Name, Mailing Address, and ZIP Code</b> STANLEY JOSEPH M.  67 Heron Pointe Ct.  Destin FL 32541  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  16.77
	Occupation Sr. Executive Sales Rep	Aggregate Year-to-Date > \$ 397.69	
<b>Full Name, Mailing Address, and ZIP Code</b> STAVE GREGG M.  6407 Stoneridge Dr  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.34
	Occupation Dir. Corporate Health	Aggregate Year-to-Date > \$ 183.48	
<b>Full Name, Mailing Address, and ZIP Code</b> STAVE GREGG M.  6407 Stoneridge Dr  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
	Occupation Dir. Corporate Health	Aggregate Year-to-Date > \$ 191.82	

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	544 / 631
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> STAVE GREGG M.  6407 Stoneridge Dr  Chapel Hill NC 27514		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Dir. Corporate Health			
		<b>Aggregate Year-to-Date</b> > \$ 200.18			
<b>Full Name, Mailing Address, and ZIP Code</b> STEFANO STEPHEN  501 Hogans Valley Way  Cary NC 27513		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 120.21
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> VP & Gm Specialty and Hmd			
		<b>Aggregate Year-to-Date</b> > \$ 1427.01			
<b>Full Name, Mailing Address, and ZIP Code</b> STEFFEN ALYSSA  1582 Robinwood Avenue  Clivis CA 93611		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 199.42			
<b>Full Name, Mailing Address, and ZIP Code</b> STEFFEN ALYSSA  1582 Robinwood Avenue  Clivis CA 93611		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.18
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 209.60			
<b>Full Name, Mailing Address, and ZIP Code</b> STEFFEN ALYSSA  1582 Robinwood Avenue  Clivis CA 93611		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.18
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep			
		<b>Aggregate Year-to-Date</b> > \$ 219.78			
<b>Full Name, Mailing Address, and ZIP Code</b> STEIN THOMAS J.  100 Reliance Dr  Wilkes Barre PA 18702		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sales & Mktg Assoc IX			
		<b>Aggregate Year-to-Date</b> > \$ 229.90			
<b>Full Name, Mailing Address, and ZIP Code</b> STEIN THOMAS J.  100 Reliance Dr  Wilkes Barre PA 18702		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sales & Mktg Assoc IX			
		<b>Aggregate Year-to-Date</b> > \$ 240.35			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>545 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> STEIN THOMAS J.  100 Reliance Dr  Wilkes Barre PA 18702  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc IX  <b>Aggregate Year-to-Date</b> > \$ 250.80	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.45	
<b>Full Name, Mailing Address, and ZIP Code</b> STEINHARDT IRA A.  5377 Grand Park Pl  Boca Raton FL 33486  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STEINHARDT IRA A.  5377 Grand Park Pl  Boca Raton FL 33486  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STEINHARDT IRA A.  5377 Grand Park Pl  Boca Raton FL 33486  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STEPHENS DANIEL A.  6754 White Oak Dr  Avon IN 46123  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 352.86	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  16.71	
<b>Full Name, Mailing Address, and ZIP Code</b> STEPHENS DANIEL A.  6754 White Oak Dr  Avon IN 46123  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 369.57	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  16.71	
<b>Full Name, Mailing Address, and ZIP Code</b> STEPHENS DANIEL A.  6754 White Oak Dr  Avon IN 46123  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 386.28	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  16.71	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>546 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> STEPHENSON JAMES F.  4507 Westcliff Trace  Roswell GA 30075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 383.20	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.86	
<b>Full Name, Mailing Address, and ZIP Code</b> STEPHENSON JAMES F.  4507 Westcliff Trace  Roswell GA 30075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 401.16	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.98	
<b>Full Name, Mailing Address, and ZIP Code</b> STEPHENSON JAMES F.  4507 Westcliff Trace  Roswell GA 30075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 419.12	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.86	
<b>Full Name, Mailing Address, and ZIP Code</b> STEVENS DEAN P.  1260 Wisconsin Rd  Derby NY 14047  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STEVENS DEAN P.  1260 Wisconsin Rd  Derby NY 14047  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STEVENS DEAN P.  1260 Wisconsin Rd  Derby NY 14047  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STEVENS JON M.  700 Capri #23 B  Boulder City NV 89005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 299.18	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.80	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>547 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> STEVENS JON M.  700 Capri #23 B  Boulder City NV 89005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 312.98	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.80	
<b>Full Name, Mailing Address, and ZIP Code</b> STEVENS JON M.  700 Capri #23 B  Boulder City NV 89005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 326.76	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.80	
<b>Full Name, Mailing Address, and ZIP Code</b> STEWART GREGG W.  7029 Franklin Rd  Cranberry Township PA 16066  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 347.42	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.04	
<b>Full Name, Mailing Address, and ZIP Code</b> STEWART GREGG W.  7029 Franklin Rd  Cranberry Township PA 16066  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 363.46	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.04	
<b>Full Name, Mailing Address, and ZIP Code</b> STEWART GREGG W.  7029 Franklin Rd  Cranberry Township PA 16066  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 379.50	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.04	
<b>Full Name, Mailing Address, and ZIP Code</b> STEWART JOHN E.  904 Welland Ct.  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc V  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STEWART JOHN E.  904 Welland Ct.  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc V  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>548 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> STEWART JOHN E.  904 Welland Ct.  Raleigh NC 27614	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sales & Mktg Assoc V		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> STILLIONS LYNNE B.  156 Chapel Ln  Madison MS 39110	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 215.04		
<b>Full Name, Mailing Address, and ZIP Code</b> STILLIONS LYNNE B.  156 Chapel Ln  Madison MS 39110	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 223.38		
<b>Full Name, Mailing Address, and ZIP Code</b> STILLIONS LYNNE B.  156 Chapel Ln  Madison MS 39110	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 231.72		
<b>Full Name, Mailing Address, and ZIP Code</b> STILLMAN STEPHEN  11137 Deserl Classic Ln Ne  Albuquerque NM 87111	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Exec Sales Rep - One/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> STILLMAN STEPHEN  11137 Deserl Classic Ln Ne  Albuquerque NM 87111	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Exec Sales Rep - One/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> STILLMAN STEPHEN  11137 Deserl Classic Ln Ne  Albuquerque NM 87111	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Exec Sales Rep - One/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>549 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> STITT STEPHEN R.  2243 Kings Ct  Geneva IL 60134  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Corp Health Mgr  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STITT STEPHEN R.  2243 Kings Ct  Geneva IL 60134  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Corp Health Mgr  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STITT STEPHEN R.  2243 Kings Ct  Geneva IL 60134  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Regional Corp Health Mgr  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STOKER DEENA LOUISE  11121 El Camino De La Tierra  Tucson AZ 85742  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 213.64	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.88	
<b>Full Name, Mailing Address, and ZIP Code</b> STOKER DEENA LOUISE  11121 El Camino De La Tierra  Tucson AZ 85742  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 223.52	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.88	
<b>Full Name, Mailing Address, and ZIP Code</b> STOKER DEENA LOUISE  11121 El Camino De La Tierra  Tucson AZ 85742  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 233.40	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.88	
<b>Full Name, Mailing Address, and ZIP Code</b> STRAIGHT SAMUEL L.  1333 Adams Mountain Rd  Raleigh NC 27614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Grp. Dir. Corporate Purchasing  <b>Aggregate Year-to-Date</b> > \$ 768.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 35.21	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>550 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> STRAIGHT SAMUEL L.  1333 Adams Mountain Rd  Raleigh NC 27614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Grp. Dir. Corporate Purchasing  <b>Aggregate Year-to-Date</b> > \$ 801.67	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 35.21	
<b>Full Name, Mailing Address, and ZIP Code</b> STRAIGHT SAMUEL L.  1333 Adams Mountain Rd  Raleigh NC 27814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Grp. Dir. Corporate Purchasing  <b>Aggregate Year-to-Date</b> > \$ 836.88	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 35.21	
<b>Full Name, Mailing Address, and ZIP Code</b> STREAM JULIE A.  1629 Se Elliot Ave  Gresham OR 97080  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STREAM JULIE A.  1629 Se Elliot Ave  Gresham OR 97080  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STREAM JULIE A.  1629 Se Elliot Ave  Gresham OR 97080  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> STRUM JEFFREY D.  104 Rustic Wood Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. VP Technical Operations  <b>Aggregate Year-to-Date</b> > \$ 1173.75	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 58.75	
<b>Full Name, Mailing Address, and ZIP Code</b> SULLIVAN JAYNE KRISTEN  4318 Roland Ave  Baltimore MD 21210  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>551 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SULLIVAN JAYNE KRISTEN  4318 Roland Ave  Baltimore MD 21210	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> SULLIVAN JAYNE KRISTEN  4318 Roland Ave  Baltimore MD 21210	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> SULLIVAN MARK J.  1063 Dustwhirl Dr  Union KY 41091	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.22	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 298.68		
<b>Full Name, Mailing Address, and ZIP Code</b> SULLIVAN MARK J.  1063 Dustwhirl Dr  Union KY 41091	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.22	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 312.90		
<b>Full Name, Mailing Address, and ZIP Code</b> SULLIVAN MARK J.  1063 Dustwhirl Dr  Union KY 41091	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.22	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 327.12		
<b>Full Name, Mailing Address, and ZIP Code</b> SULLIVAN RITA C.  875 Wood Duck Ln  Florence SC 29505	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> SULLIVAN RITA C.  875 Wood Duck Ln  Florence SC 29505	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>552 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SULLIVAN RITA C.  875 Wood Duck Ln  Florence SC 29505  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SULLIVAN STEPHEN P.  4805 Milan Court  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VIII  <b>Aggregate Year-to-Date</b> > \$ 430.17	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.79	
<b>Full Name, Mailing Address, and ZIP Code</b> SULLIVAN STEPHEN P.  4805 Milan Court  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VIII  <b>Aggregate Year-to-Date</b> > \$ 449.98	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.79	
<b>Full Name, Mailing Address, and ZIP Code</b> SULLIVAN STEPHEN P.  4805 Milan Court  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VIII  <b>Aggregate Year-to-Date</b> > \$ 469.75	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 19.79	
<b>Full Name, Mailing Address, and ZIP Code</b> SUMALLO RICARDO P.  25 Haight St  Piscataway NJ 08854  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 311.10	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.31	
<b>Full Name, Mailing Address, and ZIP Code</b> SUMALLO RICARDO P.  25 Haight St  Piscataway NJ 08854  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 325.41	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.31	
<b>Full Name, Mailing Address, and ZIP Code</b> SUMALLO RICARDO P.  25 Haight St  Piscataway NJ 08854  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 339.72	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.31	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>553 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SUMMER JOHN S.  6801 Penridge Dr  Plano TX 75024	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. National Accts	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> SUMMER JOHN S.  6801 Penridge Dr  Plano TX 75024	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. National Accts	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> SUMMER JOHN S.  6801 Penridge Dr  Plano TX 75024	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. National Accts	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> SUTHERLAND WILLIAM F.  1051 Sw Ardmore Ave  Portland OR 97205	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. State Govt Affairs	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> SUTHERLAND WILLIAM F.  1051 Sw Ardmore Ave  Portland OR 97205	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. State Govt Affairs	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> SUTHERLAND WILLIAM F.  1051 Sw Ardmore Ave  Portland OR 97205	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. State Govt Affairs	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> SVITEK G. D.  500 S. Heilbron Dr.  Media PA 19063	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 30.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Reg. Sales Dir	Aggregate Year-to-Date > \$ 637.88		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>554 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> SVITEK G. D.  500 S. Heilbron Dr.  Media PA 19063	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 30.00
	Occupation Reg. Sales Dir	Aggregate Year-to-Date > \$ 697.88	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> SVITEK G. D.  500 S. Heilbron Dr.  Media PA 19063	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 30.00
	Occupation Reg. Sales Dir	Aggregate Year-to-Date > \$ 697.86	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> SWANN MARIO M.  16641 Princeton St  Detroit MI 48221	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.44
	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 358.82	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> SWANN MARIO M.  16641 Princeton St  Detroit MI 48221	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.44
	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 373.26	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> SWANN MARIO M.  16641 Princeton St  Detroit MI 48221	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.44
	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 388.70	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> SWANSON BROCK P.  218 Woodfield Dr  Nashville NC 27856	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Team Leader Package Eng Svcs	Aggregate Year-to-Date > \$ 183.48	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> SWANSON BROCK P.  218 Woodfield Dr  Nashville NC 27856	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Team Leader Package Eng Svcs	Aggregate Year-to-Date > \$ 191.82	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>555 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SWANSON BROCK P.  218 Woodfield Dr  Nashville NC 27856  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Team Leader Package Eng Svcs  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SWEENEY TERRY L.  10033 Saint Helens Dr  Yukon OK 73099  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SWEENEY TERRY L.  10033 Saint Helens Dr  Yukon OK 73099  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SWEENEY TERRY L.  10033 Saint Helens Dr  Yukon OK 73099  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SWIFT DAVID A.  5711 Moser Farm Rd  Prospect KY 40059  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SWIFT DAVID A.  5711 Moser Farm Rd  Prospect KY 40059  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> SWIFT DAVID A.  5711 Moser Farm Rd  Prospect KY 40059  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	556 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> SWILLE JERRY D  2509 South Raymond Pl  Ontario CA 91761		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.37
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep - Tas		<b>Aggregate Year-to-Date</b> > \$ 244.80	
<b>Full Name, Mailing Address, and ZIP Code</b> SWILLE JERRY D  2509 South Raymond Pl  Ontario CA 91761		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep - Tas		<b>Aggregate Year-to-Date</b> > \$ 257.76	
<b>Full Name, Mailing Address, and ZIP Code</b> SWILLE JERRY D  2509 South Raymond Pl  Ontario CA 91761		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Sales Rep - Tas		<b>Aggregate Year-to-Date</b> > \$ 270.72	
<b>Full Name, Mailing Address, and ZIP Code</b> SZAP MICHAEL D.  41-21 Glenwood Street  Little Neck NY 11363		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 421.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SZAP MICHAEL D.  41-21 Glenwood Street  Little Neck NY 11363		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 440.42	
<b>Full Name, Mailing Address, and ZIP Code</b> SZAP MICHAEL D.  41-21 Glenwood Street  Little Neck NY 11363		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 19.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 459.84	
<b>Full Name, Mailing Address, and ZIP Code</b> SZEMANSCO JOHN  78 Church Hill Rd  Waterford NY 12188		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 23.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. District Sales Manager		<b>Aggregate Year-to-Date</b> > \$ 508.48	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>557 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> SZEMANSKO JOHN  78 Church Hill Rd  Waterford NY 12188	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 23.42
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 531.88		
<b>Full Name, Mailing Address, and ZIP Code</b> SZEMANSKO JOHN  78 Church Hill Rd  Waterford NY 12188	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 23.42
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 555.30		
<b>Full Name, Mailing Address, and ZIP Code</b> SZLAJUS ROBERT A.  644 Pendleton Lake Rd  Raleigh NC 27614	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Wisal Finance and Budgets		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> SZLAJUS ROBERT A.  644 Pendleton Lake Rd  Raleigh NC 27614	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Wisal Finance and Budgets		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> SZLAJUS ROBERT A.  644 Pendleton Lake Rd  Raleigh NC 27614	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Wisal Finance and Budgets		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> TABER NANCY  31 Sunset Drive  Newburyport MA 01951	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> TABER NANCY  31 Sunset Drive  Newburyport MA 01951	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>558 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> TABER NANCY  31 Sunset Drive  Newburyport MA 01951  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> TAKYIELIKE K.  9 Houseman Ave  Chatham NY 12037  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 415.08	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.67	
<b>Full Name, Mailing Address, and ZIP Code</b> TAKYIELIKE K.  9 Houseman Ave  Chatham NY 12037  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 434.75	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.67	
<b>Full Name, Mailing Address, and ZIP Code</b> TAKYIELIKE K.  9 Houseman Ave  Chatham NY 12037  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 454.42	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 19.67	
<b>Full Name, Mailing Address, and ZIP Code</b> TALIADOUROS MILT W.  4436 Still Pines Dr  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mkt Rsch Advisor  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> TALIADOUROS MILT W.  4436 Still Pines Dr  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mkt Rsch Advisor  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> TALIADOUROS MILT W.  4436 Still Pines Dr  Raleigh NC 27813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mkt Rsch Advisor  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	559 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> TALLEY SANDRA BOWEN  41426 Terrazzo Dr  Palmdale CA 93551		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Tas			
		<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> TALLEY SANDRA BOWEN  41428 Terrazzo Dr  Palmdale CA 93551		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Tas			
		<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> TALLEY SANDRA BOWEN  41426 Terrazzo Dr  Palmdale CA 93551		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive Sales Rep - Tas			
		<b>Aggregate Year-to-Date</b> > \$ 200.18			
<b>Full Name, Mailing Address, and ZIP Code</b> TAYLOR JANET L.  6840 ChurchII Rd  Mc Lean VA 22101		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 440.60			
<b>Full Name, Mailing Address, and ZIP Code</b> TAYLOR JANET L.  6840 Churchill Rd  Mc Lean VA 22101		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 460.84			
<b>Full Name, Mailing Address, and ZIP Code</b> TAYLOR JANET L.  6840 Churchill Rd  Mc Lean VA 22101		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. District Sales Manager			
		<b>Aggregate Year-to-Date</b> > \$ 481.08			
<b>Full Name, Mailing Address, and ZIP Code</b> TAYLOR MARK A.  14300 Middleberry Rd  Edmond OK 73013		<b>Name of Employer</b> Glaxo Wellcome Inc.		<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Exec Sales Rep - Onc/HIV			
		<b>Aggregate Year-to-Date</b> > \$ 222.88			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>560 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> TAYLOR MARK A.  14300 Middleberry Rd  Edmond OK 73013  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 232.99	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.13	
<b>Full Name, Mailing Address, and ZIP Code</b> TAYLOR MARK A.  14300 Middleberry Rd  Edmond OK 73013  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 243.12	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.13	
<b>Full Name, Mailing Address, and ZIP Code</b> TENNER GREGG M.  East 11320 44th  Spokane WA 99206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 279.89	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.89	
<b>Full Name, Mailing Address, and ZIP Code</b> TENNER GREGG M.  East 11320 44th  Spokane WA 99206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 292.75	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.89	
<b>Full Name, Mailing Address, and ZIP Code</b> TENNER GREGG M.  East 11320 44th  Spokane WA 99206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 305.64	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.89	
<b>Full Name, Mailing Address, and ZIP Code</b> TENNISON JENNIFER S  7756 E Marquise Dr  Tucson AZ 85715  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 253.56	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.79	
<b>Full Name, Mailing Address, and ZIP Code</b> TENNISON JENNIFER S  7756 E Marquise Dr  Tucson AZ 85715  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 265.35	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.79	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>561 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> TENNISON JENNIFER S  7756 E Marquise Dr  Tucson AZ 85715	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.79		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 277.14			
<b>Full Name, Mailing Address, and ZIP Code</b> THIES J K.  5623 Woods Edge Rd  Madison WI 53711	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> THIES J K.  5823 Woods Edge Rd  Madison WI 53711	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 230.00			
<b>Full Name, Mailing Address, and ZIP Code</b> THIES J K.  5823 Woods Edge Rd  Madison WI 53711	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS CAROLYN A.  49 Kates Path  Yarmouth Port MA 02875	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.26		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 329.78			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS CAROLYN A.  49 Kates Path  Yarmouth Port MA 02875	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.26		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 345.04			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS CAROLYN A.  49 Kates Path  Yarmouth Port MA 02875	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.26		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 360.30			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>562 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS DAVID N.  250 Clairmont Road  Sterrett AL 35147	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.39		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 333.38			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS DAVID N.  250 Clairmont Road  Sterrett AL 35147	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.39		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 348.75			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS DAVID N.  250 Clairmont Road  Sterrett AL 35147	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.39		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 364.14			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS HOWARD  499 Park Ave 21st Floor  New York NY 10022	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.36		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Market Development	<b>Aggregate Year-to-Date</b> > \$ 438.68			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS HOWARD  499 Park Ave 21st Floor  New York NY 10022	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.36		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Market Development	<b>Aggregate Year-to-Date</b> > \$ 458.04			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS HOWARD  499 Park Ave 21st Floor  New York NY 10022	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.36		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. Market Development	<b>Aggregate Year-to-Date</b> > \$ 478.40			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS JOHN W.  215 Briarwood Ln  Beaver WV 25813	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.42		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 398.64			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>563 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS JOHN W.  215 Briarwood Ln  Beaver WV 25813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 417.08	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  18.42	
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS JOHN W.  215 Briarwood Ln  Beaver WV 25813  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 435.48	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  18.42	
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS LATHELL B.  115 Coorsdale Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Security Operations  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS LATHELL B.  115 Coorsdale Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Security Operations  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS LATHELL B.  115 Coorsdale Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Security Operations  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS MARY ALEXANDRA  1264 Swan Lake Dr #201  Charlottesville VA 22902  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 205.56	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  9.72	
<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS MARY ALEXANDRA  1264 Swan Lake Dr #201  Charlottesville VA 22902  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 215.28	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  9.72	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>564 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> THOMAS MARY ALEXANDRA  1264 Swan Lake Dr #201  Charlottesville VA 22902  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.72
	Occupation Sr. Sales Rep		
	Aggregate Year-to-Date > \$ 225.00		
<b>Full Name, Mailing Address, and ZIP Code</b> THOMPkins RENARD  3330 Oregon Trl  Olympia Fields IL 60461  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> THOMPkins RENARD  3330 Oregon Trl  Olympia Fields IL 60461  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> THOMPkins RENARD  3330 Oregon Trl  Olympia Fields IL 60461  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep		
	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> THOMPSON JOHN W.  227 Meadowvale Dr  Cheswick PA 15024  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> THOMPSON JOHN W.  227 Meadowvale Dr  Cheswick PA 15024  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> THOMPSON JOHN W.  227 Meadowvale Dr  Cheswick PA 15024  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 200.16		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>565 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> THOMPSON KATHLEEN L.  1704 W/ Paces Ferry Rd  Raleigh NC 27613	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Div. Controller	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMPSON KATHLEEN L.  1704 W/ Paces Ferry Rd  Raleigh NC 27613	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Div. Controller	<b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMPSON KATHLEEN L.  1704 W/ Paces Ferry Rd  Raleigh NC 27613	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Div. Controller	<b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMPSON MARK R.  7500 Monroe Ct  Coleyville TX 76034	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Regional Sales Dir	<b>Aggregate Year-to-Date</b> > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMPSON MARK R.  7500 Monroe Ct  Coleyville TX 76034	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Regional Sales Dir	<b>Aggregate Year-to-Date</b> > \$ 230.00			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMPSON MARK R.  7500 Monroe Ct  Coleyville TX 76034	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Regional Sales Dir	<b>Aggregate Year-to-Date</b> > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> THOMPSON YOLANDA A.  2113 Pinetuck Ct  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.02		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc V	<b>Aggregate Year-to-Date</b> > \$ 390.40			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>566 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> THOMPSON YOLANDA A.  2113 Pinetuck Ct  Cary NC 27513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 18.02
	Occupation Sales & Mktg Assoc V		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 408.42		
<b>Full Name, Mailing Address, and ZIP Code</b> THOMPSON YOLANDA A.  2113 Pinetuck Ct  Cary NC 27513	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 18.65
	Occupation Sales & Mktg Assoc V		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 427.07		
<b>Full Name, Mailing Address, and ZIP Code</b> THOMSON ROBERT T.  20195 Davidson Road  Brookfield WI 53045	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.80
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 364.78		
<b>Full Name, Mailing Address, and ZIP Code</b> THOMSON ROBERT T.  20195 Davidson Road  Brookfield WI 53045	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.90
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 381.68		
<b>Full Name, Mailing Address, and ZIP Code</b> THOMSON ROBERT T.  20195 Davidson Road  Brookfield WI 53045	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.90
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 398.58		
<b>Full Name, Mailing Address, and ZIP Code</b> THRUSS CONNIE S.  3112 Lake Highland Ln  Birmingham AL 35242	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> THRUSS CONNIE S.  3112 Lake Highland Ln  Birmingham AL 35242	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>567 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> THRUSS CONNIE S.  3112 Lake Highland Ln  Birmingham AL 35242  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 200.18	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> TIPSORD STACI F.  306 S Roosevelt Rd  Taylorville IL 62568  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> TIPSORD STACI F.  306 S Roosevelt Rd  Taylorville IL 62568  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> TIPSORD STACI F.  306 S Roosevelt Rd  Taylorville IL 62568  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> TIRRILL STACEY LOWE  6723 Pennywell Dr  Nashville TN 37205  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 215.22	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 7.52	
<b>Full Name, Mailing Address, and ZIP Code</b> TIRRILL STACEY LOWE  6723 Pennywell Dr  Nashville TN 37205  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 222.74	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 7.52	
<b>Full Name, Mailing Address, and ZIP Code</b> TIRRILL STACEY LOWE  6723 Pennywell Dr  Nashville TN 37205  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 230.28	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 7.52	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>568 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> TOMLINSON JEFFREY L.  101 Wood Sorrel Way  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Sales Assoc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> TOMLINSON JEFFREY L.  101 Wood Sorrel Way  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Sales Assoc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> TOMLINSON JEFFREY L.  101 Wood Sorrel Way  Cary NC 27511	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sales Assoc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> TOPPING PETER  3053 Stevens Circle North  Erie CO 80516	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.05
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 188.24		
<b>Full Name, Mailing Address, and ZIP Code</b> TOPPING PETER  3053 Stevens Circle North  Erie CO 80516	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.05
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 197.29		
<b>Full Name, Mailing Address, and ZIP Code</b> TOPPING PETER  3053 Stevens Circle North  Erie CO 80516	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.05
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 206.34		
<b>Full Name, Mailing Address, and ZIP Code</b> TORRES GUSTAVO  1025 Shevnee Dr  El Paso TX 79912	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>569 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> TORRES GUSTAVO  1025 Shawnee Dr  El Paso TX 79912  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> TORRES GUSTAVO  1025 Shawnee Dr  El Paso TX 79912  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> TRAINOR MARGARET  9 Third St.  Westerly RI 02891  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> TRAINOR MARGARET  9 Third St.  Westerly RI 02891  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> TRAINOR MARGARET  9 Third St.  Westerly RI 02891  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> TRIFUNOV PATRICIA W.  11209 N Tatum Blvd Ste 120  Phoenix AZ 85028  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Dir. State Govt Affairs  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> TRIFUNOV PATRICIA W.  11209 N Tatum Blvd Ste 120  Phoenix AZ 85028  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Dir. State Govt Affairs  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>570 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> TRIFUNOV PATRICIA W.  11208 N Tatum Blvd Ste 120  Phoenix AZ 85028  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Reg. Dir. State Govt Affairs  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> TRIMBATH KENNETH G.  162 Allen St  Portage PA 15946  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> TRIMBATH KENNETH G.  162 Allen St  Portage PA 15946  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> TRIMBATH KENNETH G.  162 Allen St  Portage PA 15946  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> TROTTER STEPHANIE L.  1 Liberty Pl.  Philadelphia PA 19103  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VIII  <b>Aggregate Year-to-Date</b> > \$ 422.83	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 19.60	
<b>Full Name, Mailing Address, and ZIP Code</b> TROTTER STEPHANIE L.  1 Liberty Pl.  Philadelphia PA 19103  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VIII  <b>Aggregate Year-to-Date</b> > \$ 442.43	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 19.60	
<b>Full Name, Mailing Address, and ZIP Code</b> TROTTER STEPHANIE L.  1 Liberty Pl.  Philadelphia PA 19103  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc VIII  <b>Aggregate Year-to-Date</b> > \$ 462.03	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 19.60	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>571 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> TROWBRIDGE JILL W.  2279 Lime Rock Rd.  Birmingham AL 35216	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.81		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 214.47			
<b>Full Name, Mailing Address, and ZIP Code</b> TROWBRIDGE JILL W.  2279 Lime Rock Rd.  Birmingham AL 35216	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.81		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 225.28			
<b>Full Name, Mailing Address, and ZIP Code</b> TROWBRIDGE JILL W.  2279 Lime Rock Rd.  Birmingham AL 35216	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.81		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 236.09			
<b>Full Name, Mailing Address, and ZIP Code</b> TUCCI BLASE F.  15721 Acorn Circle  Tavares FL 32778	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.92		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 236.54			
<b>Full Name, Mailing Address, and ZIP Code</b> TUCCI BLASE F.  15721 Acorn Circle  Tavares FL 32778	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.92		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 310.46			
<b>Full Name, Mailing Address, and ZIP Code</b> TUCCI BLASE F.  15721 Acorn Circle  Tavares FL 32778	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.92		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 324.38			
<b>Full Name, Mailing Address, and ZIP Code</b> TUCKER DEBORAH J.  2476 Tronjo Ter  Pensacola FL 32503	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>572 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> TUCKER DEBORAH J.  2476 Tronjo Ter  Pensacola FL 32503  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> TUCKER DEBORAH J.  2476 Tronjo Ter  Pensacola FL 32503  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> TUCKER MATTHEW E.  512 Levenhall Rd  Fayetteville NC 28314  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 320.98	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.78	
<b>Full Name, Mailing Address, and ZIP Code</b> TUCKER MATTHEW E.  512 Levenhall Rd  Fayetteville NC 28314  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 335.74	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.78	
<b>Full Name, Mailing Address, and ZIP Code</b> TUCKER MATTHEW E.  512 Levenhall Rd  Fayetteville NC 28314  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 350.52	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.78	
<b>Full Name, Mailing Address, and ZIP Code</b> TULP DIANE  1301 Binley Pl  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> VP GI/AI Marketing  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.68	
<b>Full Name, Mailing Address, and ZIP Code</b> TUOSTO JOSEPH  1 Jackson Pl  Hewlett NY 11557  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 253.11	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.73	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>573 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> TUOSTO JOSEPH  1 Jackson Pl  Hewlett NY 11557  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 284.84	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 11.73	
<b>Full Name, Mailing Address, and ZIP Code</b> TUOSTO JOSEPH  1 Jackson Pl  Hewlett NY 11557  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Sales Rep  Aggregate Year-to-Date > \$ 276.57	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 11.73	
<b>Full Name, Mailing Address, and ZIP Code</b> TURENNE MICHELLE E.  302 Hickorywood Blvd.  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Assoc. Prod. Mgr.  Aggregate Year-to-Date > \$ 359.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.03	
<b>Full Name, Mailing Address, and ZIP Code</b> TURENNE MICHELLE E.  302 Hickorywood Blvd.  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Assoc. Prod. Mgr.  Aggregate Year-to-Date > \$ 376.03	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.03	
<b>Full Name, Mailing Address, and ZIP Code</b> TURENNE MICHELLE E.  302 Hickorywood Blvd.  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Assoc. Prod. Mgr.  Aggregate Year-to-Date > \$ 393.06	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.03	
<b>Full Name, Mailing Address, and ZIP Code</b> TURLEY-BAKER PATRICIA LYNNE  807 Doral Drive  Mansfield TX 76063  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Exec Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 397.68	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.59	
<b>Full Name, Mailing Address, and ZIP Code</b> TURLEY-BAKER PATRICIA LYNNE  807 Doral Drive  Mansfield TX 76063  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Exec Sales Rep - Onc/Hiv  Aggregate Year-to-Date > \$ 405.67	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.89	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	574 / 631
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> TURLEY-BAKER PATRICIA LYNNE  807 Doral Drive  Mansfield TX 76063		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.89
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Exec Sales Rep - Onc/Hiv			
		Aggregate Year-to-Date > \$ 423.68			
<b>Full Name, Mailing Address, and ZIP Code</b> TYLER KARA L.  1629 Sw Joshua St.  Portland OR 97219		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep - Tas			
		Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> TYLER KARA L.  1829 Sw Joshua St.  Portland OR 97219		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep - Tas			
		Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> TYLER KARA L.  1829 Sw Joshua St.  Portland OR 97219		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Sales Rep - Tas			
		Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> TYMA KENNETH R.  107 Gray Mares Ln  Cary NC 27511		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Reg. Sales Dir			
		Aggregate Year-to-Date > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> TYMA KENNETH R.  107 Gray Mares Ln  Cary NC 27511		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Reg. Sales Dir			
		Aggregate Year-to-Date > \$ 230.00			
<b>Full Name, Mailing Address, and ZIP Code</b> TYMA KENNETH R.  107 Gray Mares Ln  Cary NC 27511		Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Reg. Sales Dir			
		Aggregate Year-to-Date > \$ 240.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>575 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> TYMA THOMAS J.  4829 E. Altadena Ave  Scottsdale AZ 85254  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> TYMA THOMAS J.  4829 E. Altadena Ave  Scottsdale AZ 85254  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> TYMA THOMAS J.  4829 E. Altadena Ave  Scottsdale AZ 85254  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> TYSON TIMOTHY C.  217 Tenwood Ct  Durham NC 27712  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 1950.03	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 166.67	
<b>Full Name, Mailing Address, and ZIP Code</b> UHLIR STEPHANIE GRACE  3030 Primrose St  Marion IA 52302  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> UHLIR STEPHANIE GRACE  3030 Primrose St  Marion IA 52302  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> UHLIR STEPHANIE GRACE  3030 Primrose St  Marion IA 52302  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>576 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> UNMISIG BRENT T.  #2 Timberline  Quincy IL 62301  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 288.60	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.40	
<b>Full Name, Mailing Address, and ZIP Code</b> UNMISIG BRENT T.  #2 Timberline  Quincy IL 62301  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 281.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.40	
<b>Full Name, Mailing Address, and ZIP Code</b> UNMISIG BRENT T.  #2 Timberline  Quincy IL 62301  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 293.40	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.40	
<b>Full Name, Mailing Address, and ZIP Code</b> VANCE DAVID B.  5501 Woodberry Rd  Durham NC 27707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Asst. General Counsel  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> VANCE DAVID B.  5501 Woodberry Rd  Durham NC 27707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Asst. General Counsel  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> VANCE DAVID B.  5501 Woodberry Rd  Durham NC 27707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Asst. General Counsel  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> VANDERWEELE JON G.  8770 15th Rd  Argos IN 46501  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>577 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> VANDERWEELE JON G.  8770 15th Rd  Argos IN 46501  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
<b>Full Name, Mailing Address, and ZIP Code</b> VANDERWEELE JON G.  6770 15th Rd  Argos IN 46501  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
<b>Full Name, Mailing Address, and ZIP Code</b> VANDEVEER STEVEN T.  6374 Plum Dr S  Williamsburg MI 49690  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 314.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 14.48
<b>Full Name, Mailing Address, and ZIP Code</b> VANDEVEER STEVEN T.  6374 Plum Dr S  Williamsburg MI 49690  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 328.48	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.48
<b>Full Name, Mailing Address, and ZIP Code</b> VANDEVEER STEVEN T.  6374 Plum Dr S  Williamsburg MI 49690  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 342.96	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.48
<b>Full Name, Mailing Address, and ZIP Code</b> VANDYK KAREN M.  1012 Nokomis Circle  Knoxville TN 37919  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
<b>Full Name, Mailing Address, and ZIP Code</b> VANDYK KAREN M.  1012 Nokomis Circle  Knoxville TN 37919  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 210.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>578 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> VANDYK KAREN M.  1012 Nokomis Circle  Knoxville TN 37910  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> VANDYKEN MARGARET M.  2555 Chaparral Ct  Reno NV 89509  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 352.52	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  16.28	
<b>Full Name, Mailing Address, and ZIP Code</b> VANDYKEN MARGARET M.  2585 Chaparral Ct  Reno NV 89509  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 368.80	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  16.28	
<b>Full Name, Mailing Address, and ZIP Code</b> VANDYKEN MARGARET M.  2595 Chaparral Ct  Reno NV 89509  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 385.08	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  16.28	
<b>Full Name, Mailing Address, and ZIP Code</b> VARIANO PETER J.  19 Coles Pl  Northport NY 11768  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> VARIANO PETER J.  19 Coles Pl  Northport NY 11768  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> VARIANO PETER J.  19 Coles Pl  Northport NY 11768  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>579 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> VEEDER ROBERT K.  402 Burgwin Wright Way  Apex NC 27502	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Product Mgr.	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> VEEDER ROBERT K.  402 Burgwin Wright Way  Apex NC 27502	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Product Mgr.	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> VEEDER ROBERT K.  402 Burgwin Wright Way  Apex NC 27502	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Product Mgr.	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> VERMIGLIO ROCCO S.  6 Chatsworth Pl  Farmington CT 06032	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Regional Corp Health Mgr	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> VERMIGLIO ROCCO S.  6 Chatsworth Pl  Farmington CT 06032	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Regional Corp Health Mgr	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> VERMIGLIO ROCCO S.  6 Chatsworth Pl  Farmington CT 06032	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Regional Corp Health Mgr	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> VERNER GEORGE H.  3134 College Dr  Columbus GA 31907	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.45	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 377.78		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>580 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> VERNER GEORGE H.  3134 College Dr  Columbus GA 31907  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 355.23	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.45	
<b>Full Name, Mailing Address, and ZIP Code</b> VERNER GEORGE H.  3134 College Dr  Columbus GA 31907  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 412.68	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.45	
<b>Full Name, Mailing Address, and ZIP Code</b> VICK DENNIS M.  2117 Carrol Dr  Raleigh NC 27608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> VICK DENNIS M.  2117 Carrol Dr  Raleigh NC 27608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> VICK DENNIS M.  2117 Carrol Dr  Raleigh NC 27608  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Executive Sales Rep  Aggregate Year-to-Date > \$ 200.16	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> VICTORSON FRANS L.  102 East Camden Forest Dr.  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Research Investigator I  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> VICTORSON FRANS L.  102 East Camden Forest Dr.  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Research Investigator I  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>581 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> VICTORSON FRANS L.  102 East Camden Forest Dr. Cary NC 27511	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Research Investigator I  <b>Aggregate Year-to-Date</b> > \$ 200.18			
<b>Full Name, Mailing Address, and ZIP Code</b> VIGGIANO DOROTHY P.  58 Charleston Dr Skillman NJ 08558	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> VIGGIANO DOROTHY P.  58 Charleston Dr Skillman NJ 08558	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> VIGGIANO DOROTHY P.  58 Charleston Dr Skillman NJ 08558	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> VINCENT ANGELA DIANE  5036 S. Greenbriar Avenue Springfield MO 65804	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 210.42			
<b>Full Name, Mailing Address, and ZIP Code</b> VINCENT ANGELA DIANE  5036 S. Greenbriar Avenue Springfield MO 65804	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.11			
<b>Full Name, Mailing Address, and ZIP Code</b> VINCENT ANGELA DIANE  5036 S. Greenbriar Avenue Springfield MO 65804	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 229.80			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>582 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> VINCENTI VICKI A.  5115 Huxey Glenn Ct  Durham NC 27703	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.67		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Consultant	<b>Aggregate Year-to-Date</b> > \$ 362.60			
<b>Full Name, Mailing Address, and ZIP Code</b> VINCENTI VICKI A.  5115 Huxey Glenn Ct  Durham NC 27703	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.67		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Consultant	<b>Aggregate Year-to-Date</b> > \$ 379.27			
<b>Full Name, Mailing Address, and ZIP Code</b> VINCENTI VICKI A.  5115 Huxey Glenn Ct  Durham NC 27703	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.67		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Consultant	<b>Aggregate Year-to-Date</b> > \$ 395.94			
<b>Full Name, Mailing Address, and ZIP Code</b> VOJTECH JULIE L.  489 1/2 Ashland Ave  Saint Paul MN 55102	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 17.54		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. State Govt Affairs	<b>Aggregate Year-to-Date</b> > \$ 379.76			
<b>Full Name, Mailing Address, and ZIP Code</b> VOJTECH JULIE L.  489 1/2 Ashland Ave  Saint Paul MN 55102	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.54		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. State Govt Affairs	<b>Aggregate Year-to-Date</b> > \$ 397.30			
<b>Full Name, Mailing Address, and ZIP Code</b> VOJTECH JULIE L.  489 1/2 Ashland Ave  Saint Paul MN 55102	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.54		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Mgr. State Govt Affairs	<b>Aggregate Year-to-Date</b> > \$ 414.84			
<b>Full Name, Mailing Address, and ZIP Code</b> VOLIN CAROL J.  2582 Oak Rd Apt 255  Walnut Creek CA 94596	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.67		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 364.54			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>583 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> VOLIN CAROL J.  2582 Oak Rd Apt 255  Walnut Creek CA 94596	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.87	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 381.41		
<b>Full Name, Mailing Address, and ZIP Code</b> VOLIN CAROL J.  2582 Oak Rd Apt 255  Walnut Creek CA 94596	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.87	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 388.28		
<b>Full Name, Mailing Address, and ZIP Code</b> WAGNER CHRISTINE K.  4064 Emerson Dr  Livermore CA 94550	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> WAGNER CHRISTINE K.  4064 Emerson Dr  Livermore CA 94550	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> WAGNER CHRISTINE K.  4064 Emerson Dr  Livermore CA 94550	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> WAGNER DARLENE A.  1309 Spring Ridge Cir  Slidell LA 70461	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.61	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 324.84		
<b>Full Name, Mailing Address, and ZIP Code</b> WAGNER DARLENE A.  1309 Spring Ridge Cir  Slidell LA 70461	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.61	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 340.55		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>584 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> WAGNER DARLENE A.  1309 Spring Ridge Cir  Slidell LA 70461	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.61
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 358.18		
<b>Full Name, Mailing Address, and ZIP Code</b> WAGSTAFF CARRIE E.  55 Woodbine Drive  Newnan GA 30263	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 19.82
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 419.84		
<b>Full Name, Mailing Address, and ZIP Code</b> WAGSTAFF CARRIE E.  55 Woodbine Drive  Newnan GA 30263	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 19.82
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 439.78		
<b>Full Name, Mailing Address, and ZIP Code</b> WAGSTAFF CARRIE E.  55 Woodbine Drive  Newnan GA 30263	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 19.82
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 459.58		
<b>Full Name, Mailing Address, and ZIP Code</b> WALDENBERG CAROL A.  East 2446 49th Avenue  Spokane WA 99223	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> WALDENBERG CAROL A.  East 2446 49th Avenue  Spokane WA 99223	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> WALDENBERG CAROL A.  East 2446 49th Avenue  Spokane WA 99223	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.18		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>585 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WALDO ANN BLANNIE  310 Darington Place  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Public Policy Dev  <b>Aggregate Year-to-Date</b> > \$ 401.30	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.44	
<b>Full Name, Mailing Address, and ZIP Code</b> WALDO ANN BLANNIE  310 Darington Place  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Public Policy Dev  <b>Aggregate Year-to-Date</b> > \$ 418.74	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.44	
<b>Full Name, Mailing Address, and ZIP Code</b> WALDO ANN BLANNIE  310 Darington Place  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Public Policy Dev  <b>Aggregate Year-to-Date</b> > \$ 438.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.44	
<b>Full Name, Mailing Address, and ZIP Code</b> WALDREP LEWIS D.  208 Coburn Dr  Spartanburg SC 29302  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WALDREP LEWIS D.  208 Coburn Dr  Spartanburg SC 29302  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WALDREP LEWIS D.  208 Coburn Dr  Spartanburg SC 29302  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WALKER JOHN R.  227 Bayview Dr  Madison MS 39110  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 187.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>586 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> WALKER JOHN R.  227 Bayview Dr  Madison MS 39110	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 156.50			
<b>Full Name, Mailing Address, and ZIP Code</b> WALKER JOHN R.  227 Bayview Dr  Madison MS 39110	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 204.00			
<b>Full Name, Mailing Address, and ZIP Code</b> WALKER KELLY J.  6277 Rockport Dr  Flowery Branch GA 30542	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> WALKER KELLY J.  6277 Rockport Dr  Flowery Branch GA 30542	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 230.00			
<b>Full Name, Mailing Address, and ZIP Code</b> WALKER KELLY J.  6277 Rockport Dr  Flowery Branch GA 30542	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> WALKER PRENTICE J.  101 Dovercliff Rd.  Hattiesburg MS 39402	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 187.00			
<b>Full Name, Mailing Address, and ZIP Code</b> WALKER PRENTICE J.  101 Dovercliff Rd.  Hattiesburg MS 39402	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 195.50			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>587 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> WALKER PRENTICE J.  101 Doversliff Rd.  Hattiesburg MS 39402	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 204.00			
<b>Full Name, Mailing Address, and ZIP Code</b> WALL GERARD T.  225 Deanna Pl  Windsor CA 95492	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  19.37		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 420.26			
<b>Full Name, Mailing Address, and ZIP Code</b> WALL GERARD T.  225 Deanna Pl  Windsor CA 95492	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  19.37		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 439.63			
<b>Full Name, Mailing Address, and ZIP Code</b> WALL GERARD T.  225 Deanna Pl  Windsor CA 95492	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  19.37		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv	<b>Aggregate Year-to-Date</b> > \$ 459.00			
<b>Full Name, Mailing Address, and ZIP Code</b> WALL JEFFREY  21036 Costanzo Street  Woodland Hills CA 91364	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  9.32		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 197.60			
<b>Full Name, Mailing Address, and ZIP Code</b> WALL JEFFREY  21038 Costanzo Street  Woodland Hills CA 91364	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  10.48		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 208.08			
<b>Full Name, Mailing Address, and ZIP Code</b> WALL JEFFREY  21036 Costanzo Street  Woodland Hills CA 91364	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.48		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 218.56			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>588 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WALLACE RONNIE B.  Glaxowellcome Inc.  Dallas TX 75234  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc III  <b>Aggregate Year-to-Date</b> > \$ 283.82	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.18	
<b>Full Name, Mailing Address, and ZIP Code</b> WALLACE RONNIE B.  Glaxowellcome Inc.  Dallas TX 75234  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc III  <b>Aggregate Year-to-Date</b> > \$ 276.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.18	
<b>Full Name, Mailing Address, and ZIP Code</b> WALLACE RONNIE B.  Glaxowellcome Inc.  Dallas TX 75234  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc III  <b>Aggregate Year-to-Date</b> > \$ 288.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.18	
<b>Full Name, Mailing Address, and ZIP Code</b> WALSH BRIAN  1 Cherrywood Dr  Laffin PA 18702  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 473.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 22.08	
<b>Full Name, Mailing Address, and ZIP Code</b> WALSH BRIAN  1 Cherrywood Dr  Laffin PA 18702  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 495.56	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 22.08	
<b>Full Name, Mailing Address, and ZIP Code</b> WALSH BRIAN  1 Cherrywood Dr  Laffin PA 18702  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 517.64	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 22.08	
<b>Full Name, Mailing Address, and ZIP Code</b> WALSH CHERYL  4586 Madoc Wy  San Jose CA 95130  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/HIV  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>589 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> WALSH CHERYL  4586 Madoc Wy  San Jose CA 85130	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 151.82		
<b>Full Name, Mailing Address, and ZIP Code</b> WALSH CHERYL  4586 Madoc Wy  San Jose CA 95130	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> WALSH SARAH J.  6866 Mclean Province Cir  Falls Church VA 22043	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 25.48
	Occupation Dir. Federal Govt Relations I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 553.30		
<b>Full Name, Mailing Address, and ZIP Code</b> WALSH SARAH J.  6866 Mclean Province Cir  Falls Church VA 22043	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 25.48
	Occupation Dir. Federal Govt Relations I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 578.78		
<b>Full Name, Mailing Address, and ZIP Code</b> WALSH SARAH J.  6866 Mclean Province Cir  Falls Church VA 22043	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 25.48
	Occupation Dir. Federal Govt Relations I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 604.26		
<b>Full Name, Mailing Address, and ZIP Code</b> WALTER KELLY JANE  1659 Rainbow Lake Rd  Inman SC 29349	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.43
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 184.44		
<b>Full Name, Mailing Address, and ZIP Code</b> WALTER KELLY JANE  1659 Rainbow Lake Rd  Inman SC 29349	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.43
	Occupation Sr. Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 192.87		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>590 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WALTER KELLY JANE  1659 Rainbow Lake Rd  Inman SC 29340  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 201.30	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.43	
<b>Full Name, Mailing Address, and ZIP Code</b> WARD GEORGE E.  201 Carriage Hill Ct  Lexington SC 29072  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 254.50	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WARD GEORGE E.  201 Carriage Hill Ct  Lexington SC 29072  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 284.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WARD GEORGE E.  201 Carriage Hill Ct  Lexington SC 29072  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 274.50	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WARD STEPHEN B.  1782 Flagler Ave  Atlanta GA 30309  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 294.44	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  13.61	
<b>Full Name, Mailing Address, and ZIP Code</b> WARD STEPHEN B.  1752 Flagler Ave  Atlanta GA 30309  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 308.05	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  13.61	
<b>Full Name, Mailing Address, and ZIP Code</b> WARD STEPHEN B.  1782 Flagler Ave  Atlanta GA 30309  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 321.66	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  13.61	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>591 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> WARREN ANTHONY A.  Po Box 433  Baltimore MD 21203	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> WARREN ANTHONY A.  Po Box 433  Baltimore MD 21203	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> WARREN ANTHONY A.  Po Box 433  Baltimore MD 21203	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Exec Sales Rep - Onc/Hiv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> WARREN HERBERT L.  1708 Golden Leaf Way  Louisville KY 40245	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Mgr. National Accts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> WARREN HERBERT L.  1708 Golden Leaf Way  Louisville KY 40245	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Mgr. National Accts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> WARREN HERBERT L.  1708 Golden Leaf Way  Louisville KY 40245	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Mgr. National Accts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> WATSON DAVID FRANKLIN  4901 Brookhurst Pl  Raleigh NC 27609	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Prin Clin Resch Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>592 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WATSON DAVID FRANKLIN  4901 Brookhurst Pl  Raleigh NC 27609  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Prin Clin Resch Scientist  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WATSON DAVID FRANKLIN  4901 Brookhurst Pl  Raleigh NC 27809  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Prin Clin Resch Scientist  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WATSON JEFFREY A  409 Bridewell Ct.  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Strategic Supply  <b>Aggregate Year-to-Date</b> > \$ 373.18	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 18.28	
<b>Full Name, Mailing Address, and ZIP Code</b> WATSON JEFFREY A  409 Bridewell Ct.  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Strategic Supply  <b>Aggregate Year-to-Date</b> > \$ 391.46	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 18.28	
<b>Full Name, Mailing Address, and ZIP Code</b> WATSON JEFFREY A  409 Bridewell Ct.  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Strategic Supply  <b>Aggregate Year-to-Date</b> > \$ 409.74	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 18.28	
<b>Full Name, Mailing Address, and ZIP Code</b> WATSON WALTER S.  30554 Buck Ln  Bulverde TX 78163  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 323.20	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.52	
<b>Full Name, Mailing Address, and ZIP Code</b> WATSON WALTER S.  30554 Buck Ln  Bulverde TX 78163  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 338.12	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.62	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>593 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WATSON WALTER S.  30564 Buck Ln  Bulverde TX 78163  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 353.04	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  14.82	
<b>Full Name, Mailing Address, and ZIP Code</b> WATT CHARLES J.  Rd #3 Box 87a  Dubois PA 15801  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 188.50	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  9.50	
<b>Full Name, Mailing Address, and ZIP Code</b> WATT CHARLES J.  Rd #3 Box 67a  Dubois PA 15801  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 208.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  9.50	
<b>Full Name, Mailing Address, and ZIP Code</b> WATT CHARLES J.  Rd #3 Box 87a  Dubois PA 15801  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 217.50	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  9.50	
<b>Full Name, Mailing Address, and ZIP Code</b> WATTERS JOHN R.  17927 Nvr 66th Ct Circle  Miami FL 33015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WATTERS JOHN R.  17527 Nvr 80th Ct Circle  Miami FL 33015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WATTERS JOHN R.  17827 Nvr 66th Ct Circle  Miami FL 33015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>594 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WATTS MAUREEN ANN  5111 Idlebury Way  Reno NV 89523  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 238.34	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 11.58	
<b>Full Name, Mailing Address, and ZIP Code</b> WATTS MAUREEN ANN  5111 Idlebury Way  Reno NV 89523  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 247.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.58	
<b>Full Name, Mailing Address, and ZIP Code</b> WATTS MAUREEN ANN  5111 Idlebury Way  Reno NV 89523  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 259.50	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.58	
<b>Full Name, Mailing Address, and ZIP Code</b> WEATHERSBY STEPHEN L.  21460 Constitution St  Southfield MI 48076  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 183.70	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.35	
<b>Full Name, Mailing Address, and ZIP Code</b> WEATHERSBY STEPHEN L.  21460 Constitution St  Southfield MI 48076  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 192.05	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.35	
<b>Full Name, Mailing Address, and ZIP Code</b> WEATHERSBY STEPHEN L.  21460 Constitution St  Southfield MI 48076  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 200.40	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.35	
<b>Full Name, Mailing Address, and ZIP Code</b> WEBB CHRISTOPHER A.  1385 Cedar Hollow Dr  Cordova TN 38018  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>595 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> WEBB CHRISTOPHER A.  1385 Cedar Hollow Dr  Cordova TN 38018	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 151.82		
<b>Full Name, Mailing Address, and ZIP Code</b> WEBB CHRISTOPHER A.  1385 Cedar Hollow Dr  Cordova TN 38018	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> WEGNER JEANE M  924 E Juneau Ave #504  Milwaukee WI 53202	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> WEGNER JEANE M  924 E Juneau Ave #504  Milwaukee WI 53202	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> WEGNER JEANE M  924 E Juneau Ave #504  Milwaukee WI 53202	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> WEITZEL DAVID M.  162 Hillcrest St  Harrison MI 48825	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 15.10
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 329.26		
<b>Full Name, Mailing Address, and ZIP Code</b> WEITZEL DAVID M.  162 Hillcrest St  Harrison MI 48825	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 15.10
	Occupation Sr. Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 344.36		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>596 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> WEITZEL DAVID M.  162 Hillcrest St  Harrison MI 48625  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 15.10
	Occupation Sr. Executive Sales Rep - Tax		
	Aggregate Year-to-Date > \$ 359.48		
<b>Full Name, Mailing Address, and ZIP Code</b> WELLER SANDRA L.  949 Euclid St Apt 11  Santa Monica CA 90403  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 13.51
	Occupation Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 292.60		
<b>Full Name, Mailing Address, and ZIP Code</b> WELLER SANDRA L.  949 Euclid St Apt 11  Santa Monica CA 90403  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.51
	Occupation Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 308.11		
<b>Full Name, Mailing Address, and ZIP Code</b> WELLER SANDRA L.  949 Euclid St Apt 11  Santa Monica CA 90403  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.51
	Occupation Executive Sales Rep - Inst		
	Aggregate Year-to-Date > \$ 319.62		
<b>Full Name, Mailing Address, and ZIP Code</b> WENKERT HARRY  700 Penn Center Blvd Apt 408  Pittsburgh PA 15235  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> WENKERT HARRY  700 Penn Center Blvd Apt 408  Pittsburgh PA 15235  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> WENKERT HARRY  700 Penn Center Blvd Apt 408  Pittsburgh PA 15235  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Aggregate Year-to-Date > \$ 200.18		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>597 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WESOLOWSKI ROBERTA K.  90 Cokedale Drive  Pueblo West CO 81007  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales Rep  Aggregate Year-to-Date > \$ 192.14	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.87	
<b>Full Name, Mailing Address, and ZIP Code</b> WESOLOWSKI ROBERTA K.  90 Cokedale Drive  Pueblo West CO 81007  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales Rep  Aggregate Year-to-Date > \$ 201.01	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.87	
<b>Full Name, Mailing Address, and ZIP Code</b> WESOLOWSKI ROBERTA K.  90 Cokedale Drive  Pueblo West CO 81007  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales Rep  Aggregate Year-to-Date > \$ 209.88	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.87	
<b>Full Name, Mailing Address, and ZIP Code</b> WESTENDORF JANET M.  2315 Ne 160th Loop  Vancouver WA 98684  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Reg Prof Affairs  Aggregate Year-to-Date > \$ 413.18	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 19.13	
<b>Full Name, Mailing Address, and ZIP Code</b> WESTENDORF JANET M.  2315 Ne 160th Loop  Vancouver WA 98684  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Reg Prof Affairs  Aggregate Year-to-Date > \$ 432.31	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 19.13	
<b>Full Name, Mailing Address, and ZIP Code</b> WESTENDORF JANET M.  2315 Ne 160th Loop  Vancouver WA 98684  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Reg Prof Affairs  Aggregate Year-to-Date > \$ 451.44	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 19.13	
<b>Full Name, Mailing Address, and ZIP Code</b> WESTON DANIEL J.  110 6th Ave Sw  Pacific WA 98047  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Inst  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>598 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WESTON DANIEL J.  110 6th Ave Sw  Pacific WA 98047  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WESTON DANIEL J.  110 6th Ave Sw  Pacific WA 98047  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WESTRICH GERALD L.  7 Roberts Ln  Somerdale NJ 08083  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 187.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> WESTRICH GERALD L.  7 Roberts Ln  Somerdale NJ 08083  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 195.50	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> WESTRICH GERALD L.  7 Roberts Ln  Somerdale NJ 08083  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 204.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50	
<b>Full Name, Mailing Address, and ZIP Code</b> WHALEY GARRY D.  16829 Judy Schol Way  Round Rock TX 78681  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WHALEY GARRY D.  16829 Judy Schol Way  Round Rock TX 78681  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>599 / 631</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> WHALEY GARRY D.  16828 Judy Schol Way  Round Rock TX 78681	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 200.18			
<b>Full Name, Mailing Address, and ZIP Code</b> WHATLEY VANESSA C.  214 Forest Hill Dr  Bristol TN 37620	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.31		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 223.16			
<b>Full Name, Mailing Address, and ZIP Code</b> WHATLEY VANESSA C.  214 Forest Hill Dr  Bristol TN 37620	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.31		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 233.47			
<b>Full Name, Mailing Address, and ZIP Code</b> WHATLEY VANESSA C.  214 Forest Hill Dr  Bristol TN 37620	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.31		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 243.78			
<b>Full Name, Mailing Address, and ZIP Code</b> WHEELER JEREMY L.  1507 Watkins Lane Apt. 207  Naperville IL 60540	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 195.36			
<b>Full Name, Mailing Address, and ZIP Code</b> WHEELER JEREMY L.  1507 Watkins Lane Apt. 207  Naperville IL 60540	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 203.70			
<b>Full Name, Mailing Address, and ZIP Code</b> WHEELER JEREMY L.  1507 Watkins Lane Apt. 207  Naperville IL 60540	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 212.04			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>600 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WHEELER WESLEY P.  Glaxo Wellcome Stockley Park West  England ZZ 00000	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 103.33	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive	<b>Aggregate Year-to-Date</b> > \$ 1223.73		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITAKER ANNE C.  107 Flying Leaf Court  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc VIII	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITAKER ANNE C.  107 Flying Leaf Court  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc VIII	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITAKER ANNE C.  107 Flying Leaf Court  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc VIII	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITAKER JANICE M.  208 Beckley Ct  Raleigh NC 27815	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 105.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> VP & Ww Dir Quality & Tech Svc	<b>Aggregate Year-to-Date</b> > \$ 1247.49		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITCOMB DEBORAH  23 Wineberry Dr  Mechanicsburg PA 17055	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.39	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 289.84		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITCOMB DEBORAH  23 Wineberry Dr  Mechanicsburg PA 17055	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 14.06	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 303.90		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>601 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WHITCOMB DEBORAH  23 Wnaberry Dr  Mechanicsburg PA 17055  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 317.98	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 14.06	
<b>Full Name, Mailing Address, and ZIP Code</b> WHITE JOHN E.  Five Moore Drive  Res. Triangle Park NY 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 206.72	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.92	
<b>Full Name, Mailing Address, and ZIP Code</b> WHITE JOHN E.  Five Moore Drive  Res. Triangle Park NY 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 219.64	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.02	
<b>Full Name, Mailing Address, and ZIP Code</b> WHITE JOHN E.  Five Moore Drive  Res. Triangle Park NY 27709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 232.56	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.92	
<b>Full Name, Mailing Address, and ZIP Code</b> WHITE STEPHEN W.  8306 Pine Falls Dr  Houston TX 77095  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WHITE STEPHEN W.  8306 Pine Falls Dr  Houston TX 77095  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WHITE STEPHEN W.  8306 Pine Falls Dr  Houston TX 77095  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>602 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> WHITE STEVEN D.  1513 Chantilly Dr  Houma LA 70360	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.56
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 347.48		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITE STEVEN D.  1513 Chantilly Dr  Houma LA 70360	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.56
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 364.02		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITE STEVEN D.  1513 Chantilly Dr  Houma LA 70360	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.56
	Occupation Executive Sales Rep - Tas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 380.58		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITEHEAD CLAYTON  618 Pharrap Lane  Bahama NC 27503	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 9.00
	Occupation Dir. Trade/Hosp Rltns Ther Ar		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 198.00		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITEHEAD CLAYTON  618 Pharrap Lane  Bahama NC 27503	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 9.00
	Occupation Dir. Trade/Hosp Rltns Ther Ar		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 207.00		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITEHEAD CLAYTON  618 Pharrap Lane  Bahama NC 27503	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 9.00
	Occupation Dir. Trade/Hosp Rltns Ther Ar		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 216.00		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITING R. V.  8122 Sw Spruce Bl  Tigard OR 97223	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.59
	Occupation Sr. Executive Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 381.28		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>603 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WHITING R. V.  8122 Sw Spruce St  Tigard OR 97223	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 17.59	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 358.87		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITING R. V.  8122 Sw Spruce St  Tigard OR 97223	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 17.59	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 416.46		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITTLER KEVIN B.  17695 Pheasant Ln  County Club Hills IL 60478	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.81	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 238.30		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITTLER KEVIN B.  17695 Pheasant Ln  County Club Hills IL 60478	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.91	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 247.21		
<b>Full Name, Mailing Address, and ZIP Code</b> WHITTLER KEVIN B.  17695 Pheasant Ln  County Club Hills IL 60478	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.91	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 258.12		
<b>Full Name, Mailing Address, and ZIP Code</b> WICKRAMARATNE-MEJIA SALLY U.  23628 Sunderland Ct  Valencia CA 91354	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.84	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 289.71		
<b>Full Name, Mailing Address, and ZIP Code</b> WICKRAMARATNE-MEJIA SALLY U.  23628 Sunderland Ct  Valencia CA 91354	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.84	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 282.55		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		604 / 631
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WICKRAMARATNE-MEJIA SALLY U.  23626 Sunderland Ct  Valencia CA 91354	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.84	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 256.39		
<b>Full Name, Mailing Address, and ZIP Code</b> WICKWIRE CONSTANCE S.  25675 Kimberly Drive  West Linn OR 97068	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.82	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 211.86		
<b>Full Name, Mailing Address, and ZIP Code</b> WICKWIRE CONSTANCE S.  25675 Kimberly Drive  West Linn OR 97068	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.82	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 221.78		
<b>Full Name, Mailing Address, and ZIP Code</b> WICKWIRE CONSTANCE S.  25675 Kimberly Drive  West Linn OR 97068	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.82	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 231.60		
<b>Full Name, Mailing Address, and ZIP Code</b> WIGGINS ERNEST C.  306-C S Bryant Ave Pmb 131  Edmond OK 73034	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 187.00		
<b>Full Name, Mailing Address, and ZIP Code</b> WIGGINS ERNEST C.  306-C S Bryant Ave Pmb 131  Edmond OK 73034	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 195.50		
<b>Full Name, Mailing Address, and ZIP Code</b> WIGGINS ERNEST C.  306-C S Bryant Ave Pmb 131  Edmond OK 73034	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 204.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>605 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WILCOX MARY H.  3801 Capital Of Texas Hwy N  Austin TX 78746	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> WILCOX MARY H.  3801 Capital Of Texas Hwy N  Austin TX 78746	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> WILCOX MARY H.  3801 Capital Of Texas Hwy N  Austin TX 78746	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS CHARLES F.  173 S Lakewood Cir  Maitland FL 32751	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS CHARLES F.  173 S Lakewood Cir  Maitland FL 32751	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS CHARLES F.  173 S Lakewood Cir  Maitland FL 32751	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS CHARLES G.  6208 Trevor Ct  Raleigh NC 27613	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 26.25	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Sales Train & Dev	<b>Aggregate Year-to-Date</b> > \$ 568.50		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>606 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS CHARLES G.  6208 Trevor Ct  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  26.25
	Occupation Dir. Sales Train & Dev		
	Aggregate Year-to-Date > \$ 564.75		
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS CHARLES G.  6208 Trevor Ct  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  26.25
	Occupation Dir. Sales Train & Dev		
	Aggregate Year-to-Date > \$ 621.00		
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS DANIEL L.  104 Spring Bud Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.34
	Occupation Project Mgr. Eng		
	Aggregate Year-to-Date > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS DANIEL L.  104 Spring Bud Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
	Occupation Project Mgr. Eng		
	Aggregate Year-to-Date > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS DANIEL L.  104 Spring Bud Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  8.34
	Occupation Project Mgr. Eng		
	Aggregate Year-to-Date > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS FRED  8315 Coral Bay Court  Indianapolis IN 46236  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  17.42
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 372.24		
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS FRED  8315 Coral Bay Court  Indianapolis IN 46236  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  17.42
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 389.66		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>607 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS FRED  8315 Coral Bay Court  Indianapolis IN 46236  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation District Sales Manager  Aggregate Year-to-Date > \$ 407.08	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.42	
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS JAMES L.  8414 Inveness Way  Chapel Hill NC 27516  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Hrnd Strategy  Aggregate Year-to-Date > \$ 553.46	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 25.46	
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS JAMES L.  8414 Inveness Way  Chapel Hill NC 27516  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Hrnd Strategy  Aggregate Year-to-Date > \$ 578.92	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 25.46	
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS JAMES L.  8414 Inveness Way  Chapel Hill NC 27516  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Dir. Hrnd Strategy  Aggregate Year-to-Date > \$ 604.38	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 25.46	
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS JEFFREY A.  1705 Delmar Dr  Victoria TX 77901  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 264.70	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 12.19	
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS JEFFREY A.  1705 Delmar Dr  Victoria TX 77901  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 278.03	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 13.33	
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS JEFFREY A.  1705 Delmar Dr  Victoria TX 77901  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep  Aggregate Year-to-Date > \$ 291.36	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 13.33	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>608 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS JENNIFER P.  9016 Darien Woods Court  Darien IL 60561	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Executive Sales Rep - Inst		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS JENNIFER P.  9016 Darien Woods Court  Darien IL 60561	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Executive Sales Rep - Inst		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 230.00			
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS JENNIFER P.  9016 Darien Woods Court  Darien IL 60561	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Sr. Executive Sales Rep - Inst		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS TIMOTHY J.  55 Devon Dr  Pinehurst NC 28374	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.70
	Occupation VP Assoc Gen Counsel/Asst Secy		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.40			
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIS RICKIE WAYNE  1421 Tanglewood Rd.  Abilene TX 79805	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIS RICKIE WAYNE  1421 Tanglewood Rd.  Abilene TX 79805	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIS RICKIE WAYNE  1421 Tanglewood Rd.  Abilene TX 79805	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Executive Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.16			

**SUBTOTALS** of Receipts This Page (Optional) .....

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



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>609 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> WILSON CARL D.  18826 N 35th Way  Phoenix AZ 85050	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.56
	Occupation Sales & Mktg Assoc III		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 344.62			
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON CARL D.  18828 N 35th Way  Phoenix AZ 85050	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.56
	Occupation Sales & Mktg Assoc III		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 361.18			
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON CARL D.  18826 N 35th Way  Phoenix AZ 85050	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 16.56
	Occupation Sales & Mktg Assoc III		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 377.74			
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON CHRISTOPHER A.  112 Nuttree Way  Durham NC 27713	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Field Operational Rptng		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON CHRISTOPHER A.  112 Nuttree Way  Durham NC 27713	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Field Operational Rptng		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 191.82			
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON CHRISTOPHER A.  112 Nuttree Way  Durham NC 27713	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Field Operational Rptng		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON DEIDRE L.  4420 Lady Jennifer Dr  Nacogdoches TX 75961	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 11.46
	Occupation Sr. Sales Rep		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 234.48			

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>610 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON DEIDRE L.  4420 Lady Jennifer Dr  Nacogdoches TX 75961	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.45	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 245.94		
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON DEIDRE L.  4420 Lady Jennifer Dr  Nacogdoches TX 75961	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.45	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Sales Rep	<b>Aggregate Year-to-Date</b> > \$ 257.40		
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON LINDA S.  64 Cypress Pl  Newtown PA 18940	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON LINDA S.  64 Cypress Pl  Newtown PA 18940	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 191.82		
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON LINDA S.  64 Cypress Pl  Newtown PA 18940	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 200.16		
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON MICHELE L.  4042 E 6th St  Long Beach CA 90814	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 220.00		
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON MICHELE L.  4042 E 6th St  Long Beach CA 90814	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 230.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>611 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON MICHELE L.  4042 E 6th St  Long Beach CA 90814  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON VERNON S.  3213 Ark Way  Cottonwood CA 96022  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 317.44	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  14.71	
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON VERNON S.  3213 Ark Way  Cottonwood CA 96022  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 332.15	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  14.71	
<b>Full Name, Mailing Address, and ZIP Code</b> WILSON VERNON S.  3213 Ark Way  Cottonwood CA 96022  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 346.86	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  14.71	
<b>Full Name, Mailing Address, and ZIP Code</b> WINER ROBIN M.  5307 Houndmaster Rd  Midlothian VA 23112  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 319.20	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  14.79	
<b>Full Name, Mailing Address, and ZIP Code</b> WINER ROBIN M.  5307 Houndmaster Rd  Midlothian VA 23112  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 333.99	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  14.79	
<b>Full Name, Mailing Address, and ZIP Code</b> WINER ROBIN M.  5307 Houndmaster Rd  Midlothian VA 23112  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 348.78	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  14.79	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>612 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WING LYNN A.  1617 N 3rd St  Clinton IA 52732  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 205.62	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.54	
<b>Full Name, Mailing Address, and ZIP Code</b> WING LYNN A.  1617 N 3rd St  Clinton IA 52732  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 215.16	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.54	
<b>Full Name, Mailing Address, and ZIP Code</b> WING LYNN A.  1617 N 3rd St  Clinton IA 52732  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 224.70	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.54	
<b>Full Name, Mailing Address, and ZIP Code</b> WING TERRY C.  6548 Ashbury Circle  Huntington Beach CA 92648  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WING TERRY C.  6548 Ashbury Circle  Huntington Beach CA 92648  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WING TERRY C.  6548 Ashbury Circle  Huntington Beach CA 92648  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WINSLOW WENDY CAROL  108 Wilander Dr.  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc IV  <b>Aggregate Year-to-Date</b> > \$ 307.64	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 14.15	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>613 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WINSLOW WENDY CAROL  108 Wilander Dr.  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc IV  Aggregate Year-to-Date > \$ 321.79	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 14.15	
<b>Full Name, Mailing Address, and ZIP Code</b> WINSLOW WENDY CAROL  108 Wilander Dr.  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sales & Mktg Assoc IV  Aggregate Year-to-Date > \$ 335.84	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 14.15	
<b>Full Name, Mailing Address, and ZIP Code</b> WIRTH KAREN P.  1428 Hatherleigh Ct  Raleigh NC 27612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Product Mgr.  Aggregate Year-to-Date > \$ 522.68	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 27.08	
<b>Full Name, Mailing Address, and ZIP Code</b> WIRTH KAREN P.  1428 Hatherleigh Ct  Raleigh NC 27612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Product Mgr.  Aggregate Year-to-Date > \$ 549.76	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 27.08	
<b>Full Name, Mailing Address, and ZIP Code</b> WIRTH KAREN P.  1428 Hatherleigh Ct  Raleigh NC 27612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Product Mgr.  Aggregate Year-to-Date > \$ 576.84	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 27.08	
<b>Full Name, Mailing Address, and ZIP Code</b> WITENSTEIN ADELE R.  16633 Woodchase Ln  Round Hill VA 20141  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Health Economic Policy  Aggregate Year-to-Date > \$ 183.48	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WITENSTEIN ADELE R.  16633 Woodchase Ln  Round Hill VA 20141  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Mgr. Health Economic Policy  Aggregate Year-to-Date > \$ 191.82	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>614 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WITENSTEIN ADELE R.  16533 Woodchase Ln  Round Hill VA 20141  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Health Economic Policy  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WITT COLLEEN DEVLIN  5554 Fallsbrook Tree Nw  Acworth GA 30101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WITT COLLEEN DEVLIN  5554 Fallsbrook Tree Nw  Acworth GA 30101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WITT COLLEEN DEVLIN  5554 Fallsbrook Tree Nw  Acworth GA 30101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Exec Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WITTING JAN A.  26851 Cale Maria  Capistrano Beach CA 92624  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WITTING JAN A.  26851 Cale Maria  Capistrano Beach CA 92624  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WITTING JAN A.  26851 Cale Maria  Capistrano Beach CA 92624  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Inst  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>615 / 631</b>
				FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> WOLF EDWARD F.  92 Midwood Rd.  West Babylon NY 11704  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 223.78	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.37		
<b>Full Name, Mailing Address, and ZIP Code</b> WOLF EDWARD F.  92 Midwood Rd.  West Babylon NY 11704  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 234.86	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 11.10		
<b>Full Name, Mailing Address, and ZIP Code</b> WOLF EDWARD F.  92 Midwood Rd.  West Babylon NY 11704  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 245.98	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 11.10		
<b>Full Name, Mailing Address, and ZIP Code</b> WOLFE ZOANN D.  5412 Hearthstone Lane  Brentwood TN 37027  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> WOLFE ZOANN D.  5412 Hearthstone Lane  Brentwood TN 37027  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> WOLFE ZOANN D.  5412 Hearthstone Lane  Brentwood TN 37027  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> WOLFF KEITH M.  921 Phosphor Ave  Metairie LA 70005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 190.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>616 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WOLFF KEITH M.  921 Phosphor Ave  Metairie LA 70005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WOLFF KEITH M.  921 Phosphor Ave  Metairie LA 70005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 210.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WOLGEMUTH RICHARD L.  103 Wood Lily Ln  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> VP Regulatory Affairs  <b>Aggregate Year-to-Date</b> > \$ 1077.38	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 80.83	
<b>Full Name, Mailing Address, and ZIP Code</b> WONG MIMI  1121 Moraga St  San Francisco CA 94122  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WONG MIMI  1121 Moraga St  San Francisco CA 94122  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WONG MIMI  1121 Moraga St  San Francisco CA 94122  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WONG WILLIAM L.  21 Palmetto Bay Rd  Savannah GA 31410  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>617 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WONG WILLIAM L.  21 Palmetto Bay Rd  Savannah GA 31410  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 151.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WONG WILLIAM L.  21 Palmetto Bay Rd  Savannah GA 31410  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WOOD ALLEN W.  1330 Falkirk Ct  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Research Investigator I  <b>Aggregate Year-to-Date</b> > \$ 190.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WOOD ALLEN W.  1330 Falkirk Ct  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Research Investigator I  <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WOOD ALLEN W.  1330 Falkirk Ct  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Research Investigator I  <b>Aggregate Year-to-Date</b> > \$ 210.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WOOD FLOYD D.  4 Shady Valley Dr  Conway AR 72032  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 188.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WOOD FLOYD D.  4 Shady Valley Dr  Conway AR 72032  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 207.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>618 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WOOD FLOYD D.  4 Shady Valley Dr  Conway AR 72032  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Market Development  <b>Aggregate Year-to-Date</b> > \$ 218.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 9.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WOOD JAMES ANTHONY  6911 Anchorage Dr  Indianapolis IN 46236  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WOOD JAMES ANTHONY  8911 Anchorage Dr  Indianapolis IN 46236  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WOOD JAMES ANTHONY  8911 Anchorage Dr  Indianapolis IN 46236  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WOODALL MICHAEL L.  1603 Tem Rest Cv  Cordova TN 38018  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 268.14	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 12.49	
<b>Full Name, Mailing Address, and ZIP Code</b> WOODALL MICHAEL L.  1603 Tem Rest Cv  Cordova TN 38018  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 281.63	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 12.49	
<b>Full Name, Mailing Address, and ZIP Code</b> WOODALL MICHAEL L.  1603 Tem Rest Cv  Cordova TN 38018  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 294.12	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 12.49	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>619 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WOODARD LYNN A.  503-A Sterlingworth St.  Windsor NC 27983  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WOODARD LYNN A.  503-A Sterlingworth St.  Windsor NC 27983  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WOODARD LYNN A.  503-A Sterlingworth St.  Windsor NC 27983  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WOODARD WILLIAM ANDERSON  334 Bond Lake Drive  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WOODARD WILLIAM ANDERSON  334 Bond Lake Drive  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WOODARD WILLIAM ANDERSON  334 Bond Lake Drive  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> WOODIN PATRICIA MCKNIGHT  128 Marquette Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. Mgr. Crc Business Dev  <b>Aggregate Year-to-Date</b> > \$ 440.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>620 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WOODIN PATRICIA MCKNIGHT  129 Marquette Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Mgr. Crc Business Dev  Aggregate Year-to-Date > \$ 480.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 20.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WOODIN PATRICIA MCKNIGHT  129 Marquette Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Sr. Mgr. Crc Business Dev  Aggregate Year-to-Date > \$ 480.00	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 20.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WOOTEN CARL E.  3052 Prestwicks Dr  Edgewood KY 41017  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 360.14	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 17.11	
<b>Full Name, Mailing Address, and ZIP Code</b> WOOTEN CARL E.  3052 Prestwicks Dr  Edgewood KY 41017  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 377.25	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 17.11	
<b>Full Name, Mailing Address, and ZIP Code</b> WOOTEN CARL E.  3052 Prestwicks Dr  Edgewood KY 41017  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 394.36	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 17.11	
<b>Full Name, Mailing Address, and ZIP Code</b> WRIGHT REBECCA BROWN  1241 Sande Hill Pl  Augusta GA 30909  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 358.38	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 16.60	
<b>Full Name, Mailing Address, and ZIP Code</b> WRIGHT REBECCA BROWN  1241 Sande Hill Pl  Augusta GA 30909  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.  Occupation Executive Sales Rep - Tas  Aggregate Year-to-Date > \$ 375.98	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 16.60	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	621 / 631 FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> WRIGHT REBECCA BROWN  1241 Sande Hill Pl  Augusta GA 30900  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 392.58	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  16.60		
<b>Full Name, Mailing Address, and ZIP Code</b> WRIGHT-PIGOT TAMMY S.  24 Riverview Drive  Montclair NJ 07043  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> WRIGHT-PIGOT TAMMY S.  24 Riverview Drive  Montclair NJ 07043  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> WRIGHT-PIGOT TAMMY S.  24 Riverview Drive  Montclair NJ 07043  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Onc/Hiv  <b>Aggregate Year-to-Date</b> > \$ 200.16	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  8.34		
<b>Full Name, Mailing Address, and ZIP Code</b> WURTSBAUGH JEFFREY A.  202 Tibbotts Rock Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc III  <b>Aggregate Year-to-Date</b> > \$ 267.18	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  12.39		
<b>Full Name, Mailing Address, and ZIP Code</b> WURTSBAUGH JEFFREY A.  202 Tibbotts Rock Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc III  <b>Aggregate Year-to-Date</b> > \$ 279.57	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  12.39		
<b>Full Name, Mailing Address, and ZIP Code</b> WURTSBAUGH JEFFREY A.  202 Tibbotts Rock Dr  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sales & Mktg Assoc III  <b>Aggregate Year-to-Date</b> > \$ 291.96	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  12.39		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>622 / 631</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> WYNE ROBERT S.  8761 Raspberry Ln  Cordova TN 38018  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WYNE ROBERT S.  8761 Raspberry Ln  Cordova TN 38018  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WYNE ROBERT S.  8761 Raspberry Ln  Cordova TN 38018  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WYNNE MICHAEL K.  80 Inches Brook Lane  Boxborough MA 01719  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 455.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 20.96	
<b>Full Name, Mailing Address, and ZIP Code</b> WYNNE MICHAEL K.  80 Inches Brook Lane  Boxborough MA 01719  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 476.44	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 20.96	
<b>Full Name, Mailing Address, and ZIP Code</b> WYNNE MICHAEL K.  80 Inches Brook Lane  Boxborough MA 01719  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Sr. District Sales Manager  <b>Aggregate Year-to-Date</b> > \$ 497.40	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 20.96	
<b>Full Name, Mailing Address, and ZIP Code</b> YABICK MICHAEL E.  4 Amherst Avenue  England ZZ 00000  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 560.25	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 47.50	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>623 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page				<b>FOR LINE NUMBER 11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> YATES ROSEMARY R.  710 Heathgate Dr  Houston TX 77062  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> YATES ROSEMARY R.  710 Heathgate Dr  Houston TX 77062  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 191.82	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> YATES ROSEMARY R.  710 Heathgate Dr  Houston TX 77062  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep  <b>Aggregate Year-to-Date</b> > \$ 200.18	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>Full Name, Mailing Address, and ZIP Code</b> YAWORSKI DIANE E.  600 White Oak Lane  Gladstone MD 64116  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 282.26	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 13.04	
<b>Full Name, Mailing Address, and ZIP Code</b> YAWORSKI DIANE E.  600 White Oak Lane  Gladstone MD 64116  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 295.30	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 13.04	
<b>Full Name, Mailing Address, and ZIP Code</b> YAWORSKI DIANE E.  600 White Oak Lane  Gladstone MD 64116  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Executive Sales Rep - Tas  <b>Aggregate Year-to-Date</b> > \$ 308.34	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 13.04	
<b>Full Name, Mailing Address, and ZIP Code</b> YOAKAM DIANE R.  407 Bakewell Ct  Wake Forest NC 27587  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Glaxo Wellcome Inc.  <b>Occupation</b> Mgr. Package Eng  <b>Aggregate Year-to-Date</b> > \$ 183.48	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>624 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> YOKAM DIANE R.  407 Bakewell Ct  Wake Forest NC 27587	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Package Eng		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 151.82			
<b>Full Name, Mailing Address, and ZIP Code</b> YOKAM DIANE R.  407 Bakewell Ct  Wake Forest NC 27587	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 8.34
	Occupation Mgr. Package Eng		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.16			
<b>Full Name, Mailing Address, and ZIP Code</b> YOST ELIZABETH A.  10350 S Hollis Ln  Olathe KS 66061	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 24.40
	Occupation Sr. Mgr. Prof Affairs		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 528.54			
<b>Full Name, Mailing Address, and ZIP Code</b> YOST ELIZABETH A.  10350 S Hollis Ln  Olathe KS 66061	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 24.40
	Occupation Sr. Mgr. Prof Affairs		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 550.94			
<b>Full Name, Mailing Address, and ZIP Code</b> YOST ELIZABETH A.  10350 S Hollis Ln  Olathe KS 66061	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period 24.40
	Occupation Sr. Mgr. Prof Affairs		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 575.34			
<b>Full Name, Mailing Address, and ZIP Code</b> YOUNG SAMUEL J.  2251 Fisherville Rd  Finchville KY 40022	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 183.48			
<b>Full Name, Mailing Address, and ZIP Code</b> YOUNG SAMUEL J.  2281 Fisherville Rd  Finchville KY 40022	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 8.34
	Occupation Sr. Executive Sales Rep - Tas		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 191.82			

**SUBTOTALS** of Receipts This Page (Optional) .....

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



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>625 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> YOUNG SAMUEL J.  2281 Fisherville Rd  Finchville KY 40022	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tax	<b>Aggregate Year-to-Date</b> > \$ 200.18		
<b>Full Name, Mailing Address, and ZIP Code</b> YU WILLIAM A.  16278 Avenida San Miguel  La Mirada CA 90638	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 362.60		
<b>Full Name, Mailing Address, and ZIP Code</b> YU WILLIAM A.  16278 Avenida San Miguel  La Mirada CA 90638	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 379.38		
<b>Full Name, Mailing Address, and ZIP Code</b> YU WILLIAM A.  16278 Avenida San Miguel  La Mirada CA 90638	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 396.12		
<b>Full Name, Mailing Address, and ZIP Code</b> ZACHER ROBERT  322 Culver Blvd # 188  Playa Del Rey CA 90293	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 187.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ZACHER ROBERT  322 Culver Blvd # 188  Playa Del Rey CA 90293	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 8.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 195.50		
<b>Full Name, Mailing Address, and ZIP Code</b> ZACHER ROBERT  322 Culver Blvd # 188  Playa Del Rey CA 90293	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 8.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Inst	<b>Aggregate Year-to-Date</b> > \$ 204.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>626 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ZANKO LISA  1123 Milhous Drive  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 16.77	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc V	<b>Aggregate Year-to-Date</b> > \$ 348.57		
<b>Full Name, Mailing Address, and ZIP Code</b> ZANKO LISA  1123 Milhous Drive  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 16.77	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc V	<b>Aggregate Year-to-Date</b> > \$ 365.34		
<b>Full Name, Mailing Address, and ZIP Code</b> ZANKO LISA  1123 Milhous Drive  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 16.77	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sales & Mktg Assoc V	<b>Aggregate Year-to-Date</b> > \$ 382.11		
<b>Full Name, Mailing Address, and ZIP Code</b> ZEMMEL MICHAEL A.  18507 Kingsbury St  Northridge CA 91326	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 15.81	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 340.80		
<b>Full Name, Mailing Address, and ZIP Code</b> ZEMMEL MICHAEL A.  18507 Kingsbury St  Northridge CA 91326	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b> 15.81	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 356.61		
<b>Full Name, Mailing Address, and ZIP Code</b> ZEMMEL MICHAEL A.  18507 Kingsbury St  Northridge CA 91326	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 15.81	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 372.42		
<b>Full Name, Mailing Address, and ZIP Code</b> ZEMONEK JAMES A.  102 Houston Cir  Cary NC 27513	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b> 8.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Dir. Sales Force Automation	<b>Aggregate Year-to-Date</b> > \$ 183.48		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>627 / 631</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Glaxo Wellcome Inc. PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> ZEMONEK JAMES A.  102 Houston Cir  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
	Occupation Dir. Sales Force Automation	Aggregate Year-to-Date > \$ 151.82	
	<b>Full Name, Mailing Address, and ZIP Code</b> ZEMONEK JAMES A.  102 Houston Cir  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Glaxo Wellcome Inc.		Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  8.34
Occupation Dir. Sales Force Automation		Aggregate Year-to-Date > \$ 200.16	
<b>Full Name, Mailing Address, and ZIP Code</b> ZEMONEK JAMES A.  102 Houston Cir  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> ZOLTOWSKI ROBIN L.  8 Stony Hill Ln  Mount Laurel NJ 08054  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  8.34
	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 183.48	
	<b>Full Name, Mailing Address, and ZIP Code</b> ZOLTOWSKI ROBIN L.  8 Stony Hill Ln  Mount Laurel NJ 08054  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> ZOLTOWSKI ROBIN L.  8 Stony Hill Ln  Mount Laurel NJ 08054  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  8.34
	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 191.82	
	<b>Full Name, Mailing Address, and ZIP Code</b> ZOLTOWSKI ROBIN L.  8 Stony Hill Ln  Mount Laurel NJ 08054  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> ZOLTOWSKI ROBIN L.  8 Stony Hill Ln  Mount Laurel NJ 08054  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/31/2000	Amount of Each Receipt this Period  8.34
	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 200.16	
	<b>Full Name, Mailing Address, and ZIP Code</b> ZOLTOWSKI ROBIN L.  8 Stony Hill Ln  Mount Laurel NJ 08054  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> ZORN RICHARD A.  12121 E Barbary Coast Rd  Tucson AZ 85749  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period  10.00
	Occupation Sr. District Sales Manager	Aggregate Year-to-Date > \$ 220.00	
	<b>Full Name, Mailing Address, and ZIP Code</b> ZORN RICHARD A.  12121 E Barbary Coast Rd  Tucson AZ 85749  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> ZORN RICHARD A.  12121 E Barbary Coast Rd  Tucson AZ 85749  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc.	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period  10.00
	Occupation Sr. District Sales Manager	Aggregate Year-to-Date > \$ 230.00	
	<b>SUBTOTALS</b> of Receipts This Page (Optional) .....		
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>628 / 631</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ZORN RICHARD A.  12121 E Barbary Coast Rd  Tucson AZ 85740	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Sr. District Sales Manager	<b>Aggregate Year-to-Date</b> > \$ 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ZUKER NANCY L.  1230 Giddings Ave Se  Grand Rapids MI 49506	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 11/30/2000	<b>Amount of Each Receipt this Period</b>  13.63	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 286.14		
<b>Full Name, Mailing Address, and ZIP Code</b> ZUKER NANCY L.  1230 Giddings Ave Se  Grand Rapids MI 49506	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/15/2000	<b>Amount of Each Receipt this Period</b>  13.63	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 309.77		
<b>Full Name, Mailing Address, and ZIP Code</b> ZUKER NANCY L.  1230 Giddings Ave Se  Grand Rapids MI 49506	<b>Name of Employer</b> Glaxo Wellcome Inc.	<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b>  13.63	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Executive Sales Rep - Tas	<b>Aggregate Year-to-Date</b> > \$ 323.40		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>56649.84</b>

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page		<b>629 / 631</b>	
						<b>FOR LINE NUMBER</b> 28	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>							
<b>Full Name, Mailing Address, and ZIP Code</b> Todd Staples Campaign  118 E. Palestine Ave.  Palestine TX 75801		Purpose of Disbursement Contribution Made to Unregistered (Senate - TX - 31) Voided Check - Recorded on Pre-General Report Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 11/28/2000		Amount of Each Disbursement This Period -650.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of Gene Seaman  5866 S. Staples  Corpus Christi TX 78411		Purpose of Disbursement Contribution Made to Unregistered (House - TX - 32) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Debt Retirement		Date (month, day, year) 11/29/2000		Amount of Each Disbursement This Period 200.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of David Farabee  P.O. Drawer 1533  Wichita Falls TX 76037		Purpose of Disbursement Contribution Made to Unregistered (House - TX - 65) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Debt Retirement		Date (month, day, year) 11/29/2000		Amount of Each Disbursement This Period 200.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of Jim Solis  1706 East Tyler Suite 2  Harlingen TX 78550		Purpose of Disbursement Contribution Made to Unregistered (House - TX - 38) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Debt Retirement		Date (month, day, year) 11/29/2000		Amount of Each Disbursement This Period 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of Jeff Wentworth  P.O. Box 6274  San Antonio TX 78209		Purpose of Disbursement Contribution Made to Unregistered (Senate - TX - 25) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Debt Retirement		Date (month, day, year) 11/29/2000		Amount of Each Disbursement This Period 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Glaxo Wellcome Inc. PAC-Tennessee  Five Moore Drive  Research Triangle NC 27709		Purpose of Disbursement Contribution Made to Unregistered (- TN -) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Not Applicable		Date (month, day, year) 12/12/2000		Amount of Each Disbursement This Period 2500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Zero Edwards for House Cmte  812 Riverside Dr.  Washington NC 27889		Purpose of Disbursement Contribution Made to Unregistered (House - NC - 2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 12/12/2000		Amount of Each Disbursement This Period 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Leo Daughtry for House Cmte  P.O. Box 1960  Smithfield NC 27577		Purpose of Disbursement Contribution Made to Unregistered (House - NC - 95) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 12/12/2000		Amount of Each Disbursement This Period 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Jim Black for House Cmte  417 Lynderhill Lane  Matthews NC 28105		Purpose of Disbursement Contribution Made to Unregistered (House - NC - 36) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 12/12/2000		Amount of Each Disbursement This Period 1000.00	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....							
<b>TOTALS</b> This Period (last page this line number only) .....							

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>630 / 631</b>
			FOR LINE NUMBER <b>28</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> Glaxo Wellcome Inc. PAC-Tennessee Five Moore Drive Research Triangle NC 27709	<b>Purpose of Disbursement</b> Contribution Made to Unregistered (- TN -) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Not Applicable	<b>Date (month, day, year)</b> 12/21/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>6500.00</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>631 / 631</b>
			FOR LINE NUMBER <b>23</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Glaxo Wellcome Inc. PAC</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> Grucci for Congress  P.O. Box 790  Medford NY 11763	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - NY - 1) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Debt Ret General</u>	<b>Date (month, day, year)</b> 12/12/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>500.00</b>