

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
GlaxoSmithKline LLC PAC (GSK PAC)

ADDRESS (number and street) Five Moore Drive  
PO Box 13358  
Research Triangle NC 27709  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00199703 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2020 through 01 / 31 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Edge, Heather, , ,  
Type or Print Name of Treasurer

Signature of Treasurer *Edge, Heather, , ,* [Electronically Filed] Date 02 / 11 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**GlaxoSmithKline LLC PAC (GSK PAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		<input type="text" value="166398.72"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="166398.72"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="24995.06"/>	<input type="text" value="24995.06"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="191393.78"/>	<input type="text" value="191393.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9132.38"/>	<input type="text" value="9132.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="182261.40"/>	<input type="text" value="182261.40"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**GlaxoSmithKline LLC PAC (GSK PAC)**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1460.42	1460.42
(ii) Unitemized .....	23534.64	23534.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24995.06	24995.06
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	24995.06	24995.06
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	24995.06	24995.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24995.06	24995.06

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	132.38	132.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	132.38	132.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	9000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9132.38	9132.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9132.38	9132.38

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	24995.06	24995.06
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24995.06	24995.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	132.38	132.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	132.38	132.38

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 8
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose 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)  
**GlaxoSmithKline LLC PAC (GSK PAC)**

**A. Bailey, John, E, , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Five Moore Drive, PO BOX 13398  
 P.O. Box 13398  
 City Research Triangle Park State NC Zip Code 27709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GlaxoSmithKline LLC Occupation (for Individual) President US Pharmaceuticals  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.04

Date of Receipt **01 / 17 / 2020**  
**Transaction ID : C8041449**  
 Amount of Each Receipt this Period 209.04  
 Memo Item  
 \* Payroll Deduction: \$104.52 biweekly

**B. Marciniak, Martin, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Five Moore Drive, PO BOX 13398  
 P.O. Box 13398  
 City Research Triangle Park State NC Zip Code 27709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GlaxoSmithKline LLC Occupation (for Individual) Vice President, CEVEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.02

Date of Receipt **01 / 17 / 2020**  
**Transaction ID : C8041582**  
 Amount of Each Receipt this Period 209.02  
 Memo Item  
 \* Payroll Deduction: \$104.51 biweekly

**C. Martinez-Davis, Maya, Elena, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Crescent Drive  
 City Philadelphia State PA Zip Code 19112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) President US Pharmaceuticals  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt **01 / 17 / 2020**  
**Transaction ID : C8041274**  
 Amount of Each Receipt this Period 416.66  
 Memo Item  
 \* Payroll Deduction: \$208.33 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	834.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 8
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**GlaxoSmithKline LLC PAC (GSK PAC)**

**A. Mazeffa, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Crescent Drive  
 City Philadelphia State PA Zip Code 19112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GlaxoSmithKline LLC Occupation (for Individual) VP and Head of USP Commercial Insignia  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt 01 / 17 / 2020  
**Transaction ID : C8041573**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
 \* Payroll Deduction: \$104.17 biweekly

**B. Rutherford, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Crescent Drive  
 City Philadelphia State PA Zip Code 19112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GlaxoSmithKline LLC Occupation (for Individual) VP Sales, Respiratory  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt 01 / 17 / 2020  
**Transaction ID : C8040833**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
 \* Payroll Deduction: \$104.17 biweekly

**C. Schuyler, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St. NW, Suite 800  
 City Washington DC State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GlaxoSmithKline LLC Occupation (for Individual) VP, Government Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 209.02

Date of Receipt 01 / 17 / 2020  
**Transaction ID : C8041747**  
 Amount of Each Receipt this Period 209.02  
 Memo Item  
 \* Payroll Deduction: \$104.51 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.70
<b>TOTAL</b> This Period (last page this line number only).....	1460.42

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GlaxoSmithKline LLC PAC (GSK PAC)**

**A. MCCARTHY VICTORY FUND**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement 2020 PAC to JFC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 10 / 2020

FEC Identification Number C00541011

Transaction ID : D104043

Amount of Each Disbursement this Period 4000.00

Memo Item

**B. Treasure State PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 3242 CUMMINS WAY

City Missoula State MT Zip Code 59802

Purpose of Disbursement 2020 PAC to PAC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 10 / 2020

FEC Identification Number C00433680

Transaction ID : D104042

Amount of Each Disbursement this Period 5000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9000.00