



RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 31 11 55 AM '96

Timothy J. Williams
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July 24, 1996

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Secretary

Mitchell C. Kane
Deputy

Joan H. Pulley
Administrator

Certified Mail Number P 621 460 849

Federal Election Commission
Reports Analysis Division
999 E Street, N.W.
Washington, D.C. 20463

Subject: Amendments to the Glaxo Wellcome Inc.
PAC Statement of Organization

Dear Sir/Madam:

Please find enclosed the appointments of B. Michael
Gipson, Treasurer and Thomas A. Ginsler, Assistant
Treasurer to the Glaxo Wellcome Inc. PAC.

If you have questions, please advise.

Sincerely,

Cynthia J. Whetzel, CPS
Pam Silverman, CPS.

Enclosure

BOARD OF DIRECTORS

- George S. Abri, III, M.D.
- Dawn L. Behm, D.D.S.
- Dr. Joel H. Dabbs, M.D.
- Kenneth D. Gibbs, M.D.
- Thomas A. Ginsler, M.D.
- Jonie A. Kinney, M.D.
- Tyeh L. Metfield, M.D.
- Thomas P. McIver, M.D.
- Stephen Novak, M.D.
- John K. O'Connor, M.D.
- Stephen J. Plating, M.D.
- Craig M. Preston, M.D.
- James A. Rolibough, M.D.
- Marg Rome, M.D.
- Chris Singer, M.D.
- Randi V. Slobin, M.D.
- Samuel L. Stroger, M.D.
- Bonnie Zell, M.D.

Glaxo Wellcome Inc.
Political Action Committee
3 Moore Drive
PO Box 13358
Research Triangle Park
North Carolina 27709
919.403.2555

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION COMMISSION

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Glaxo Wellcome Inc. Political Action Committee	2. DATE July 19, 1996
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) Five Moore Drive, P.O. Box 13358	3. FED IDENTIFICATION NUMBER C-00199750
(c) City, State and ZIP Code Research Triangle Park, North Carolina 27709	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Glaxo Wellcome Inc.	Five Moore Drive Research Triangle Park, NC 27709	Connected

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Joan Pulley	Five Moore Drive Research Triangle Park, NC 27709	PAC Administrator

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
B. Michael Gipson	Five Moore Drive	Treasurer
Thomas A. Gindler	Research Triangle Park, NC 27709	Assistant Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Mechanics and Farmers Bank	P.O. Box 1932 Durham, NC 27702

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER <i>B. Michael Gipson</i>	SIGNATURE OF TREASURER <i>B. Michael Gipson</i>	DATE 7/24/96
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-376-3120

FEC FORM 1
(revised 4/87)

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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JLS

PREPARER

8-1-96

DATE PREPARED