

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1 / 19  
05/16/2001 15 : 43

<b>1. NAME OF COMMITTEE (in full)</b> <b>SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)</b>		<b>2. FEC IDENTIFICATION NUMBER</b> C00195703
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported Five Moore Drive P.O. Box 13358		
<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 checked="" 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>04/01/2001</u> through <u>04/30/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u> .....		128139.96
(b) Cash on Hand at Beginning of Reporting Period .....	164551.26	
(c) Total Receipts (from line 19) .....	86181.01	243331.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	230732.27	371471.18
7. Total Disbursements (from line 30) .....	32880.75	173619.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	197851.51	197851.51
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 05/16/2001	

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

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**FEC FORM 3X**  
(revised 9/98)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)</b>		REPORT COVERING PERIOD FROM 04/01/2001 TO: 04/30/2001	
<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) .....	4588.90	6437.40	11.a.i.
ii. Unitemized .....	61592.11	233383.82	11.a.ii.
iii. Total .....	66181.01	241831.22	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 .....	66181.01	241831.22	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	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	1500.00	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 .....	66181.01	243331.22	19.
20. Total Federal Receipts .....	66181.01	243331.22	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	100.00	21.b.
c. Total Operating Expenditures .....	0.00	100.00	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	32580.76	183842.55	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 .....	0.00	71.72	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 .....	0.00	71.72	28.d.
29. Other Disbursements .....	300.00	9605.00	29.
30. Total Disbursements .....	32880.76	173619.67	30.
31. Total Federal Disbursements .....	32880.76	173619.67	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	66181.01	241831.22	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	71.72	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	66181.01	241759.50	34.
35. Total Federal Operating Expenditures .....	0.00	100.00	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	0.00	100.00	37.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 19</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)**  
**SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)**

<b>Full Name, Mailing Address, and ZIP Code</b> BARBATO RICHARD J.  4 Broadview Dr  Huntington NY 11743	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	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 > \$ 184.68		
<b>Full Name, Mailing Address, and ZIP Code</b> BARBATO RICHARD J.  4 Broadview Dr  Huntington NY 11743	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/30/2001	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 > \$ 211.04		
<b>Full Name, Mailing Address, and ZIP Code</b> BARTHOLOMEW KATHY A.  104 Lutterworth Ct.  Morrisville NC 27560	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 26.84
	Occupation Dir. Info Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 181.64		
<b>Full Name, Mailing Address, and ZIP Code</b> BARTHOLOMEW KATHY A.  104 Lutterworth Ct.  Morrisville NC 27560	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period 26.84
	Occupation Dir. Info Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 208.48		
<b>Full Name, Mailing Address, and ZIP Code</b> BARTLETT KATHY S.  1427 Acadia St  Durham NC 27701	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 27.15
	Occupation Dir. Internal Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 183.03		
<b>Full Name, Mailing Address, and ZIP Code</b> BARTLETT KATHY S.  1427 Acadia St  Durham NC 27701	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period 27.15
	Occupation Dir. Internal Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 210.18		
<b>Full Name, Mailing Address, and ZIP Code</b> BLAKE JOHN P.  6701 Ridge Spring Rd  Zebulon NC 27597	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 27.27
	Occupation Dir. Info Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 184.11		

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

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		4 / 19
		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>SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BLAKE JOHN P.  6701 Ridge Spring Rd  Zebulon NC 27597  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Dir. Info Systems  <b>Aggregate Year-to-Date</b> > \$ 211.38	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b>  27.27	
<b>Full Name, Mailing Address, and ZIP Code</b> BREHM DAWN L.  1951 Nc Hwy 61 S  Burlington NC 27215  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Dir. Consumer Marketing  <b>Aggregate Year-to-Date</b> > \$ 190.86	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  27.28	
<b>Full Name, Mailing Address, and ZIP Code</b> BREHM DAWN L.  1951 Nc Hwy 61 S  Burlington NC 27215  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Dir. Consumer Marketing  <b>Aggregate Year-to-Date</b> > \$ 218.24	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b>  27.28	
<b>Full Name, Mailing Address, and ZIP Code</b> BURKES MICHAEL E.  4129 Worley Dr  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Reg. Dir. Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 198.85	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  28.55	
<b>Full Name, Mailing Address, and ZIP Code</b> BURKES MICHAEL E.  4129 Worley Dr  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Reg. Dir. Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 228.40	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b>  28.55	
<b>Full Name, Mailing Address, and ZIP Code</b> CARLIN PATRICK J.  7 Piedmont Place  Engleand ZZ 00000  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 335.32	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  83.83	
<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> GlaxoSmithKline  <b>Occupation</b> Dir. Marketing  <b>Aggregate Year-to-Date</b> > \$ 205.43	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  30.47	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

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<b>NAME OF COMMITTEE (In Full)</b> <b>SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> CARNEY CHRISTOPHER J.  4016 White Chapel Way  Raleigh NC 27615		<b>Name of Employer</b> GlaxoSmithKline		<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b> 30.47
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> > \$ 235.50			
<b>Full Name, Mailing Address, and ZIP Code</b> CARTER ADRIANNA L.  10 Neodak Rd  Apex NC 27502		<b>Name of Employer</b> GlaxoSmithKline		<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b> 34.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Assoc. General Counsel			
		<b>Aggregate Year-to-Date</b> > \$ 241.50			
<b>Full Name, Mailing Address, and ZIP Code</b> CARTER ADRIANNA L.  10 Neodak Rd  Apex NC 27502		<b>Name of Employer</b> GlaxoSmithKline		<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b> 34.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Assoc. General Counsel			
		<b>Aggregate Year-to-Date</b> > \$ 278.00			
<b>Full Name, Mailing Address, and ZIP Code</b> CEGICH THOMAS F.  113 Kenneth Ridge Ct  Apex NC 27502		<b>Name of Employer</b> GlaxoSmithKline		<b>Date (month, day, year)</b> 04/15/2001	<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> > \$ 302.00			
<b>Full Name, Mailing Address, and ZIP Code</b> DASBURG DARREN M.  309 Highlands Lake Dr  Cary NC 27511		<b>Name of Employer</b> GlaxoSmithKline		<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b> 147.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> VP Engineering			
		<b>Aggregate Year-to-Date</b> > \$ 588.32			
<b>Full Name, Mailing Address, and ZIP Code</b> DELGIORNO JOHN F.  318 Schubauer Dr  Cary NC 27513		<b>Name of Employer</b> GlaxoSmithKline		<b>Date (month, day, year)</b> 04/15/2001	<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> > \$ 266.68			
<b>Full Name, Mailing Address, and ZIP Code</b> EDWARDS WILLIAM K.  902 W Cornwallis Dr  Greensboro NC 27408		<b>Name of Employer</b> GlaxoSmithKline		<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b> 28.26
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Sr. Counsel II			
		<b>Aggregate Year-to-Date</b> > \$ 190.80			
<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>6 / 19</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> EDWARDS WILLIAM K.  802 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> GlaxoSmithKline  <b>Occupation</b> Sr. Counsel II  <b>Aggregate Year-to-Date</b> > \$ 219.08	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b> 28.25	
<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> GlaxoSmithKline  <b>Occupation</b> Reg. Dir. Mhc  <b>Aggregate Year-to-Date</b> > \$ 201.25	<b>Date (month, day, year)</b> 04/15/2001	<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> GlaxoSmithKline  <b>Occupation</b> Reg. Dir. Mhc  <b>Aggregate Year-to-Date</b> > \$ 230.00	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b> 28.75	
<b>Full Name, Mailing Address, and ZIP Code</b> GALLAGHER EDWARD J.  305 Swans Mill Xing  Raleigh NC 27614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Grp. Dir Pricing & Mkt Econ  <b>Aggregate Year-to-Date</b> > \$ 228.09	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b> 33.69	
<b>Full Name, Mailing Address, and ZIP Code</b> GALLAGHER EDWARD J.  305 Swans Mill Xing  Raleigh NC 27614  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Grp. Dir Pricing & Mkt Econ  <b>Aggregate Year-to-Date</b> > \$ 251.78	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b> 33.69	
<b>Full Name, Mailing Address, and ZIP Code</b> GINSLER THOMAS A.  6412 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> GlaxoSmithKline  <b>Occupation</b> Dir. Info Systems  <b>Aggregate Year-to-Date</b> > \$ 207.97	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b> 53.68	
<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> GlaxoSmithKline  <b>Occupation</b> Dir. Marketing  <b>Aggregate Year-to-Date</b> > \$ 204.95	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b> 31.13	
<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>7 / 19</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)**

<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) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period  31.13
	Occupation Dir. Marketing		
	Aggregate Year-to-Date > \$ 238.08		
<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) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period  58.33
	Occupation VP Taxes		
	Aggregate Year-to-Date > \$ 233.32		
<b>Full Name, Mailing Address, and ZIP Code</b> GRAHAM JOHN P.  112 Frehold Ct  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period  29.88
	Occupation Reg. Dir. State Govt Affairs		
	Aggregate Year-to-Date > \$ 209.88		
<b>Full Name, Mailing Address, and ZIP Code</b> GRAHAM JOHN P.  112 Frehold Ct  Morrisville NC 27560  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period  29.98
	Occupation Reg. Dir. State Govt Affairs		
	Aggregate Year-to-Date > \$ 239.84		
<b>Full Name, Mailing Address, and ZIP Code</b> GRAY KENNETH R.  15208 Jefferson Creek Dr  Alpharetta GA 30005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period  25.35
	Occupation Reg. Sales Dir		
	Aggregate Year-to-Date > \$ 177.45		
<b>Full Name, Mailing Address, and ZIP Code</b> GRAY KENNETH R.  15208 Jefferson Creek Dr  Alpharetta GA 30005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period  25.35
	Occupation Reg. Sales Dir		
	Aggregate Year-to-Date > \$ 202.80		
<b>Full Name, Mailing Address, and ZIP Code</b> HARTSFIELD JACOB A.  311 Barniewood Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period  35.40
	Occupation Grp. Dir. Public Policy/Advoc		
	Aggregate Year-to-Date > \$ 235.38		

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

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>8 / 19</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>SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> HARTSFIELD JACOB A.  311 Barnlewood Dr  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Grp. Dir. Public Policy/Advoc  <b>Aggregate Year-to-Date</b> > \$ 270.78	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b>  35.40	
<b>Full Name, Mailing Address, and ZIP Code</b> HOLCOMBE PAUL A.  613 Darfield Dr  Raleigh NC 27815  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Sr. VP General Counsel & Secy  <b>Aggregate Year-to-Date</b> > \$ 575.00	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  143.75	
<b>Full Name, Mailing Address, and ZIP Code</b> INGRAM ROBERT A.  3624 Dover Rd  Durham NC 27707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Chairman  <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  100.00	
<b>Full Name, Mailing Address, and ZIP Code</b> KINNEY JANIE A.  4825 Quebec St Nw  Washington DC 20016  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> VP Fed Govt Rel & Pub Policy  <b>Aggregate Year-to-Date</b> > \$ 662.28	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  170.57	
<b>Full Name, Mailing Address, and ZIP Code</b> KIRK MITCHELL A.  21061 Cale Maternal  Lake Forest CA 92830  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 191.03	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  27.29	
<b>Full Name, Mailing Address, and ZIP Code</b> KIRK MITCHELL A.  21061 Cale Maternal  Lake Forest CA 92830  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Sr. Account Manager  <b>Aggregate Year-to-Date</b> > \$ 218.32	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b>  27.29	
<b>Full Name, Mailing Address, and ZIP Code</b> MANNING HOWARD L.  408 Palmer Pl  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Dir. Process Improvement II  <b>Aggregate Year-to-Date</b> > \$ 183.61	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  27.13	
<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>9 / 19</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>SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> MANNING HOWARD L.  408 Palmer Pl  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline  Occupation Dir. Process Improvement II  Aggregate Year-to-Date > \$ 210.74	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period 27.13	
<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 GlaxoSmithKline  Occupation Dir. Finance - Tech Ops  Aggregate Year-to-Date > \$ 186.83	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 28.89	
<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 GlaxoSmithKline  Occupation Dir. Finance - Tech Ops  Aggregate Year-to-Date > \$ 213.52	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period 26.89	
<b>Full Name, Mailing Address, and ZIP Code</b> MCLEOD LUCIA T.  9017 Wildwood Links  Raleigh NC 27613  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline  Occupation VP Customer Response Center  Aggregate Year-to-Date > \$ 335.84	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 92.33	
<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) :	Name of Employer GlaxoSmithKline  Occupation Dir. Business Strategy  Aggregate Year-to-Date > \$ 195.36	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 28.98	
<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) :	Name of Employer GlaxoSmithKline  Occupation Dir. Business Strategy  Aggregate Year-to-Date > \$ 224.34	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period 28.58	
<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 GlaxoSmithKline  Occupation Dir. Regional Strategic Sourc  Aggregate Year-to-Date > \$ 222.13	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 33.25	
<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>		<b>10 / 19</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>SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)</b>				
<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) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Dir. Regional Strategic Sourc  <b>Aggregate Year-to-Date</b> > \$ 255.38	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b> 33.25	
<b>Full Name, Mailing Address, and ZIP Code</b> MOULTON SUSANNE G.  1022 Kimball Dr  Durham NC 27705  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Dir. Patient Asst & Reim Progs  <b>Aggregate Year-to-Date</b> > \$ 190.35	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b> 28.23	
<b>Full Name, Mailing Address, and ZIP Code</b> MOULTON SUSANNE G.  1022 Kimball Dr  Durham NC 27705  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Dir. Patient Asst & Reim Progs  <b>Aggregate Year-to-Date</b> > \$ 218.58	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b> 28.23	
<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) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> VP & Dir Investor Relations  <b>Aggregate Year-to-Date</b> > \$ 364.16	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b> 91.04	
<b>Full Name, Mailing Address, and ZIP Code</b> MURPHY SHIRLEY  2311 Ridgefield Dr.  Chapel Hill NC 27514  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> VP Dermatolgy  <b>Aggregate Year-to-Date</b> > \$ 376.68	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b> 94.17	
<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> GlaxoSmithKline  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 187.85	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b> 28.85	
<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> GlaxoSmithKline  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 214.80	<b>Date (month, day, year)</b> 04/30/2001	<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>11 / 19</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)**

<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) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period  29.35
	Occupation Reg. Sales Dir	Aggregate Year-to-Date > \$ 205.45	
<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) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period  29.35
	Occupation Reg. Sales Dir	Aggregate Year-to-Date > \$ 234.80	
<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) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period  29.51
	Occupation Regional Sales Dir	Aggregate Year-to-Date > \$ 208.57	
<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) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period  29.51
	Occupation Regional Sales Dir	Aggregate Year-to-Date > \$ 238.08	
<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) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period  28.06
	Occupation Dir. Strategic Ops	Aggregate Year-to-Date > \$ 188.16	
<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) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period  28.06
	Occupation Dir. Strategic Ops	Aggregate Year-to-Date > \$ 217.22	
<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 GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period  26.52
	Occupation Reg. Dir. Prof Affairs	Aggregate Year-to-Date > \$ 185.64	

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

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>12 / 19</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>SmithKline Beecham Corp. PAC (GlaxoSmithKline 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) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Reg. Dir. Prof Affairs  <b>Aggregate Year-to-Date</b> > \$ 212.18	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b>  25.52	
<b>Full Name, Mailing Address, and ZIP Code</b> SANTRY MARK J.  102 Nimbus Ct  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Dir. Cmd Program Dev & Mktg  <b>Aggregate Year-to-Date</b> > \$ 190.18	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  28.42	
<b>Full Name, Mailing Address, and ZIP Code</b> SANTRY MARK J.  102 Nimbus Ct  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Dir. Cmd Program Dev & Mktg  <b>Aggregate Year-to-Date</b> > \$ 218.60	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b>  28.42	
<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> GlaxoSmithKline  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 184.08	<b>Date (month, day, year)</b> 04/15/2001	<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> GlaxoSmithKline  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 184.08	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  46.02	
<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> GlaxoSmithKline  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 207.08	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b>  23.01	
<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) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Dir. Corporate Community Affrs  <b>Aggregate Year-to-Date</b> > \$ 195.78	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  29.04	
<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>13 / 19</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)**

<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 GlaxoSmithKline	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period 29.04
	Occupation Dir. Corporate Community Affrs		
	Aggregate Year-to-Date > \$ 224.82		
<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) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 83.33
	Occupation VP Engineering		
	Aggregate Year-to-Date > \$ 333.33		
<b>Full Name, Mailing Address, and ZIP Code</b> SINGER CHRISTOPHER A.  411 Midanhal Way  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 81.04
	Occupation VP Sales		
	Aggregate Year-to-Date > \$ 324.18		
<b>Full Name, Mailing Address, and ZIP Code</b> SONS STEVE R.  103 Wintbrook Ct  Cary NC 27511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 93.42
	Occupation VP Org Effectiveness		
	Aggregate Year-to-Date > \$ 331.68		
<b>Full Name, Mailing Address, and ZIP Code</b> STEFANO STEPHEN  501 Hogans Valley Way  Cary NC 27513  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 125.00
	Occupation VP & Gm Specialty and Hmd		
	Aggregate Year-to-Date > \$ 500.00		
<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) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 36.35
	Occupation Grp. Dir. Corporate Purchasing		
	Aggregate Year-to-Date > \$ 247.61		
<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) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period 36.35
	Occupation Grp. Dir. Corporate Purchasing		
	Aggregate Year-to-Date > \$ 283.98		

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

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>14 / 19</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>SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)</b>				
<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> GlaxoSmithKline  <b>Occupation</b> Sr. VP Technical Operations  <b>Aggregate Year-to-Date</b> > \$ 418.68	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  104.17	
<b>Full Name, Mailing Address, and ZIP Code</b> SVITEK G. D.  500 S. Heilbron Dr.  Media PA 19063  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 210.00	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  30.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SVITEK G. D.  500 S. Heilbron Dr.  Media PA 19063  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Reg. Sales Dir  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b>  30.00	
<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> GlaxoSmithKline  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 709.77	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  177.08	
<b>Full Name, Mailing Address, and ZIP Code</b> WALSH SARAH J.  6866 Mclean Province Cir  Falls Church VA 22043  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Dir. Federal Govt Relations I  <b>Aggregate Year-to-Date</b> > \$ 180.21	<b>Date (month, day, year)</b> 04/15/2001	<b>Amount of Each Receipt this Period</b>  27.33	
<b>Full Name, Mailing Address, and ZIP Code</b> WALSH SARAH J.  6866 Mclean Province Cir  Falls Church VA 22043  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Dir. Federal Govt Relations I  <b>Aggregate Year-to-Date</b> > \$ 207.54	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b>  27.33	
<b>Full Name, Mailing Address, and ZIP Code</b> WHALEN JOHN  1235 Svedas Run Drive  Delran NJ 08075  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GlaxoSmithKline  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 04/02/2001	<b>Amount of Each Receipt this Period</b>  300.00	
<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	15 / 19
					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> WHEELER WESLEY P.  Glaxo Wellcome Stockley Park West  England ZZ 00000		Name of Employer GlaxoSmithKline		Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 106.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Executive		Aggregate Year-to-Date > \$ 428.68	
<b>Full Name, Mailing Address, and ZIP Code</b> WHITAKER JANICE M.  208 Beckley Ct  Raleigh NC 27815		Name of Employer GlaxoSmithKline		Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 108.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP & Ww Dir Quality & Tech Svc		Aggregate Year-to-Date > \$ 433.32	
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS CHARLES G.  6208 Trevor Ct  Raleigh NC 27613		Name of Employer GlaxoSmithKline		Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 27.44
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Dir. Sales Train & Dev		Aggregate Year-to-Date > \$ 184.94	
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS CHARLES G.  6208 Trevor Ct  Raleigh NC 27613		Name of Employer GlaxoSmithKline		Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period 27.44
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Dir. Sales Train & Dev		Aggregate Year-to-Date > \$ 212.38	
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS JAMES L.  6414 Inveness Way  Chapel Hill NC 27516		Name of Employer GlaxoSmithKline		Date (month, day, year) 04/15/2001	Amount of Each Receipt this Period 35.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Dir. Hrnd Strategy		Aggregate Year-to-Date > \$ 188.66	
<b>Full Name, Mailing Address, and ZIP Code</b> WILLIAMS JAMES L.  6414 Inveness Way  Chapel Hill NC 27516		Name of Employer GlaxoSmithKline		Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period 27.08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Dir. Hrnd Strategy		Aggregate Year-to-Date > \$ 216.74	
<b>Full Name, Mailing Address, and ZIP Code</b> ZIEGLER JOHN B  415 PINE ST  PHILADELPHIA PA 19106		Name of Employer GlaxoSmithKline		Date (month, day, year) 04/29/2001	Amount of Each Receipt this Period 215.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Executive		Aggregate Year-to-Date > \$ 215.38	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					<b>4588.90</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>16 / 19</b>
			FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**  
**SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)**

<b>Full Name, Mailing Address, and ZIP Code</b> Jim Ramstad Volunteer Committee 8100 Penn Ave. South #104 Bloomington MN 55431	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - MN - 3) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/03/2001	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Lee Terry for Congress P.O. Box 540098 Omaha NE 68154	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - NE - 2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/03/2001	<b>Amount of Each Disbursement This Period</b> 750.00
<b>Full Name, Mailing Address, and ZIP Code</b> Ed Bryant for Congress 1715 Aaron Brenner Dr. 8th Fl. Memphis TN 38210	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - TN - 7) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/03/2001	<b>Amount of Each Disbursement This Period</b> 750.00
<b>Full Name, Mailing Address, and ZIP Code</b> Wally Herger for Congress Cmte P.O. Box 1500 Chico CA 95927	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - CA - 2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/03/2001	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Keep Our Majority PAC P.O. Box 625 Batavia IL 60510	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (- DC - ) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Not Applicable	<b>Date (month, day, year)</b> 04/03/2001	<b>Amount of Each Disbursement This Period</b> 5000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Hulshof for Congress P.O. Box 1621 Columbia MO 65205	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - MO - 5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/03/2001	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of Mary Landrieu 203 Carondelet St. Suite 630 New Orleans LA 70130	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (Senate - LA - ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/03/2001	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Dooley for Congress P.O. Box 1367 Visalia CA 93279	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - CA - 20) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/03/2001	<b>Amount of Each Disbursement This Period</b> 750.00
<b>Full Name, Mailing Address, and ZIP Code</b> Rush Holt for Congress P.O. Box 782 Pennington NJ 08534	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - NJ - 12) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/03/2001	<b>Amount of Each Disbursement This Period</b> 750.00

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

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



<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		<b>17 / 19</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>23</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Diaz Balart for Congress  2801 Ponce de Leon #1000  Coral Gables FL 33134	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - FL - 21) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/03/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> The Reed Committee  P.O. Box 8628  Cranston RI 02920	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (Senate - RI - ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/11/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of Cliff Stearns  P.O. Box 308  Silver Springs FL 32688	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - FL - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/11/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Majority Leader's Fund  P.O. Box 995  Lewisville TX 75067	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (- DC - ) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Not Applicable</u>	<b>Date (month, day, year)</b> 04/11/2001	<b>Amount of Each Disbursement This Period</b> 5000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Steve Rothman for Congress  P.O. Box 714  Hackensack NJ 07602	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - NJ - 9) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/11/2001	<b>Amount of Each Disbursement This Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Patrick McLain  3102 Arrowhead Farms Rd.  Gambills MD 21054	<b>Purpose of Disbursement</b> In-kind Contrib Made to Reg. Filer In-Kind Contrib From Melissa Hart Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/11/2001	<b>Amount of Each Disbursement This Period</b> 373.65	
<b>Full Name, Mailing Address, and ZIP Code</b> Ferguson for Congress  P.O. Box 4205  Warren NJ 07059	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - NJ - 7) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/23/2001	<b>Amount of Each Disbursement This Period</b> 118.28	
<b>Full Name, Mailing Address, and ZIP Code</b> Christopher Cox Congressional Office P.O. Box 8088-C  Newport Beach CA 92658	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - CA - 47) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/23/2001	<b>Amount of Each Disbursement This Period</b> 338.83	
<b>Full Name, Mailing Address, and ZIP Code</b> America's Foundation  1155 21st St. N.W. #300  Washington DC 20036	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (- DC - ) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Not Applicable</u>	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Disbursement This Period</b> 5000.00	
<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>18 / 19</b>
				FOR LINE NUMBER	<b>23</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Professionals in Advertising PAC 1899 L Street N.W. #700  Washington DC 20036	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (- DC -) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Not Applicable</u>	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Disbursement This Period</b> 5000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mike Thompson for Congress  5435 Madison Avenue  Sacramento CA 95841	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - CA - 1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Disbursement This Period</b> 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Pickering for Congress  P.O. Box 6440  Laurel MS 39441	<b>Purpose of Disbursement</b> Contribution made to Non-affiliated (House - MS - 3) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Disbursement This Period</b> 1000.00		
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					<b>32580.76</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>19 / 19</b>
			FOR LINE NUMBER 28

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**NAME OF COMMITTEE (In Full)**  
**SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens to Elect Mickey Mortimer P.O. Box 14134  Lansing MI 48901	Contribution Made to Unregistered (House - MI - 85)	04/30/2001	150.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Friends of Paul DeWeese  3896 N. Williamston Rd.  Williamston MI 48995	Contribution Made to Unregistered (House - MI - 87)	04/30/2001	150.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>300.00</b>