

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) 1050 K St NW, Ste 800
Check if different than previously reported. (ACC) Washington DC 20001

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

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

5. Covering Period 01 / 01 / 2022 through 01 / 31 / 2022

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 03 / 17 / 2022

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="2022"/>		118308.78
(b) Cash on Hand at Beginning of Reporting Period.....	118308.78	
(c) Total Receipts (from Line 19)	24412.30	24412.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	142721.08	142721.08
7. Total Disbursements (from Line 31).....	80.37	80.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	142640.71	142640.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

GlaxoSmithKline LLC PAC (GSK PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2022 To: M M / D D / Y Y Y Y 01 / 31 / 2022

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).....	971.85	971.85
(ii) Unitemized	23440.45	23440.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24412.30	24412.30
(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)	24412.30	24412.30
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)).....▶	24412.30	24412.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24412.30	24412.30

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	80.37	80.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	80.37	80.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	80.37	80.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80.37	80.37

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24412.30	24412.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24412.30	24412.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	80.37	80.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	80.37	80.37

**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 9
	<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Campolongo, James, M, ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 21 / 2022 Transaction ID : 202201182214-319
Mailing Address PO Box 13398			Amount of Each Receipt this Period 100.85
City Durham	State NC	Zip Code 27709-3398	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) GlaxoSmithKline LLC		Occupation (for Individual) Senior Director, State Government Affa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.70	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Martinez-Davis, Maria, Elena, ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 06 / 2022 Transaction ID : 202201041296-848
Mailing Address 5 Crescent Dr			Amount of Each Receipt this Period 208.33
City Philadelphia	State PA	Zip Code 19112-1001	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) GlaxoSmithKline LLC		Occupation (for Individual) President US Pharmaceuticals	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.66	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Martinez-Davis, Maria, Elena, ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 21 / 2022 Transaction ID : 202201182214-843
Mailing Address 5 Crescent Dr			Amount of Each Receipt this Period 208.33
City Philadelphia	State PA	Zip Code 19112-1001	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) GlaxoSmithKline LLC		Occupation (for Individual) President US Pharmaceuticals	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 416.66	

SUBTOTAL of Receipts This Page (optional).....▶	517.51
TOTAL 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 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose 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. Mazeffa, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Crescent Dr
 City Philadelphia State PA Zip Code 19112-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GlaxoSmithKline LLC Occupation (for Individual) Vice President, CIMA CCO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt 01 / 21 / 2022
Transaction ID : 202201182214-468
 Amount of Each Receipt this Period 104.17
 Memo Item

B. McDermott, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 13398 Five Moore Drive,
 City Research Triangle State NC Zip Code 27709-3398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GlaxoSmithKline LLC Occupation (for Individual) Director, Payer Channel Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 289.32

Date of Receipt 01 / 21 / 2022
Transaction ID : 202201182214-840
 Amount of Each Receipt this Period 144.66
 Memo Item

C. Miller, Michele, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 13398 Five Moore Drive,
 City Research Triangle State NC Zip Code 27709-3398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GlaxoSmithKline LLC Occupation (for Individual) Global Pricing & Market Access Disease
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.58

Date of Receipt 01 / 21 / 2022
Transaction ID : 202201182214-512
 Amount of Each Receipt this Period 102.79
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	351.62
TOTAL 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 8 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rancourt, Randy, Aime, ,

Mailing Address PO Box 13398

City Durham	State NC	Zip Code 27709-3398
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GlaxoSmithKline LLC	Occupation (for Individual) Field Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.44

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2022

Transaction ID : 202201182214-604

Amount of Each Receipt this Period
102.72

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.72
TOTAL This Period (last page this line number only).....	971.85

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose 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. Todd Huston for State Representative

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1461

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 28 / 2022

FEC Identification Number: C

Transaction ID: 4F9188E8324

Amount of Each Disbursement this Period: 500.00

Memo Item

B. Todd Huston for State Representative

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1461

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement Voided 7/1/21 Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 28 / 2022

FEC Identification Number: C

Transaction ID: BC8D4C9BE7

Amount of Each Disbursement this Period: - 500.00

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

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00