

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

SmithKline Beecham Corporation Political Action Committee (GlaxoSmithKline PAC)

ADDRESS (number and street)

Five Moore Drive

(Check if address is changed)

P.O. Box 13358

Res. Triangle Park

NC

27709

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

cfs@pass1.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

919-483-2963

2. DATE

MM / DD / YYYY  
05 / 02 / 2007

3. FEC IDENTIFICATION NUMBER

C C00199703

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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 David Miller

Signature of Treasurer Electronically Filed by David Miller

Date MM / DD / YYYY  
05 / 02 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

**SmithKline Beecham Corporation (DBA GlaxoSmithKline)** \_\_\_\_\_

\_\_\_\_\_

Mailing Address **Five Moore Drive** \_\_\_\_\_

\_\_\_\_\_

**Res. Triangle Park** **NC** **27709** - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Connected** \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**SmithKline Beecham Corporation Political Action Committee (GlaxoSmithKline PAC)**

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 **Marta Smith**

Mailing Address **1500 K Street N.W.**

**Suite 650**

**Washington** **DC** **20005**

Title or Position ▼ **PAC Manager** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **202** **715** **1036**

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 of Treasurer **David Miller**

Mailing Address **Five Moore Drive**

**Res. Triangle Park** **NC** **27709**

Title or Position ▼ **Treasurer** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **919** **483** **2935**

Full Name of Designated Agent **Woodie L. Smith Jr.**

Mailing Address **555 Calmwater Lane**

**Alpharetta** **GA** **30022**

Title or Position ▼ **Chairman** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **770** **663** **4968**

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.

**Mechanics and Farmers Bank**

Mailing Address

**P.O. Box 1932**

**Durham**

**NC**

**27702**

CITY ▲

STATE ▲

ZIP CODE ▲

**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.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_

\_\_\_\_-

\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

**Name of Any Connected Organization or Affiliated Committee**

[ ADDITIONAL ]

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_

\_\_\_\_-

\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

\_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name **Sarah J. Walsh**

Mailing Address **1500 K Street N.W.**

**Suite 650**

**Washington DC 20005**

Title or Position ▼ **Assistant Treasurer** CITY ▲ **Washington** STATE ▲ **DC** ZIP CODE ▲ **20005**

Telephone number **202 715 1000**