

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
GlaxoSmithKline LLC PAC

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

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 02 01 2010 through 02 28 2010

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 David Miller

Signature of Treasurer Electronically Filed by David Miller Date 03 18 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
GlaxoSmithKline LLC PAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		139189.11
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	197621.09									
(c) Total Receipts (from Line 19) .....	63388.30	126939.39								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	261009.39	266128.50								
7. Total Disbursements (from Line 31) .....	64060.03	69179.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	196949.36	196949.36								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
GlaxoSmithKline LLC PAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

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) .....	1575.78	1903.66
(ii) Unitemized .....	61812.52	125019.76
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	63388.30	126923.42
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	15.97
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	63388.30	126939.39
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 Transfer (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)) .....	63388.30	126939.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	63388.30	126939.39

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	45.03	2664.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	45.03	2664.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	60000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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 .....	15.00	15.00
(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)) .....	15.00	15.00
29. Other Disbursements.....	4000.00	6500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	64060.03	69179.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64060.03	69179.14

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	63388.30	126939.39
34. Total Contribution Refunds (from Line 28(d)) .....	15.00	15.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	63373.30	126924.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	45.03	2664.14
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	45.03	2664.14

**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 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Christian A Bigsby		Date of Receipt
	Mailing Address 5 Moore Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Research Triangle	NC	27709
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: A2010-401624
Name of Employer GlaxoSmithKline LLC		Occupation Dir Real EstateAmericas&Pacif	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 227.62	<input type="text"/> 109.63

<b>B.</b>	Full Name (Last, First, Middle Initial) James M Campolongo		Date of Receipt
	Mailing Address 5 Moore Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Research Triangle	NC	27709
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: A2010-401291
Name of Employer GlaxoSmithKline LLC		Occupation Area/Segment VP-A	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 253.43	<input type="text"/> 72.41

<b>C.</b>	Full Name (Last, First, Middle Initial) John F DelGiorno		Date of Receipt
	Mailing Address 5 Moore Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 5 / 2 0 1 0
	City	State	Zip Code
	Research Triangle	NC	27709
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: A2010-304072
Name of Employer GlaxoSmithKline LLC		Occupation VP Prof & State Govt Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.99	<input type="text"/> 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 382.04
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

A. Form/Schedule : **SA11AI**

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

**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 / 20
	<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	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC

**A.**

Full Name (Last, First, Middle Initial)  
John F DelGiorno

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

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

Name of Employer Occupation  
GlaxoSmithKline LLC VP Prof & State Govt Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.99

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2010

**Transaction ID:** A2010-400614

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul J Fraioli

Mailing Address 1500 Littleton Rd.

City State Zip Code  
Parsippany NJ 07054

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

Name of Employer Occupation  
GlaxoSmithKline LLC VP Ent Brands Fut Team & MLP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2010

**Transaction ID:** A2010-401689

Amount of Each Receipt this Period  
52.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Paul C Graml

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

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

Name of Employer Occupation  
GlaxoSmithKline LLC Exec Acct Mgr SP&AD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.69

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2010

**Transaction ID:** A2010-401751

Amount of Each Receipt this Period  
60.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► **312.77**

**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 9 / 20
	<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	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) James R Hagan	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 200 N. 16th Street	<b>Transaction ID:</b> A2010-401384
	City State Zip Code Philadelphia PA 19102	Amount of Each Receipt this Period 55.49
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer GlaxoSmithKline LLC	Occupation VP Env Hlth & Safty	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.96	

<b>B.</b>	Full Name (Last, First, Middle Initial) Peter K Hare	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 5 Moore Drive	<b>Transaction ID:</b> A2010-402569
	City State Zip Code Research Triangle NC 27709	Amount of Each Receipt this Period 61.30
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer GlaxoSmithKline LLC	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.20	

<b>C.</b>	Full Name (Last, First, Middle Initial) Barbara M Hoffman	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 5 Moore Drive	<b>Transaction ID:</b> A2010-401022
	City State Zip Code Research Triangle NC 27709	Amount of Each Receipt this Period 59.96
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer GlaxoSmithKline LLC	Occupation Mgr Business Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>176.75</b>
<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 10 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph P Meier	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 200 N. 16th Street	<b>Transaction ID:</b> A2010-402344
	City Philadelphia State PA Zip Code 19102	Amount of Each Receipt this Period 60.49
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 241.96	

<b>B.</b>	Full Name (Last, First, Middle Initial) David A Moules	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 200 N. 16th Street	<b>Transaction ID:</b> A2010-402299
	City Philadelphia State PA Zip Code 19102	Amount of Each Receipt this Period 55.78
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: VP Pricing/Contrt Strat & Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 223.12	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel J Phelan	Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 200 N. 16th Street	<b>Transaction ID:</b> A2010-304875
	City Philadelphia State PA Zip Code 19102	Amount of Each Receipt this Period 127.88
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: SVP Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 383.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>244.15</b>
<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 11 / 20
	<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	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel J Phelan		Date of Receipt MM / DD / YYYY 02 / 19 / 2010		
	Mailing Address 200 N. 16th Street		<b>Transaction ID:</b> A2010-401415		
	City Philadelphia	State PA	Zip Code 19102	Amount of Each Receipt this Period 127.88	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer GlaxoSmithKline LLC	Occupation SVP Human Resources			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 511.52			

<b>B.</b>	Full Name (Last, First, Middle Initial) S. Mark Werner		Date of Receipt MM / DD / YYYY 02 / 05 / 2010		
	Mailing Address Five Moore Drive		<b>Transaction ID:</b> A2010-306109		
	City Res. Triangle Park	State NC	Zip Code 27709	Amount of Each Receipt this Period 71.83	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer GlaxoSmithKline LLC	Occupation VP & Assoc General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.49			

<b>C.</b>	Full Name (Last, First, Middle Initial) S. Mark Werner		Date of Receipt MM / DD / YYYY 02 / 19 / 2010		
	Mailing Address Five Moore Drive		<b>Transaction ID:</b> A2010-402642		
	City Res. Triangle Park	State NC	Zip Code 27709	Amount of Each Receipt this Period 71.83	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer GlaxoSmithKline LLC	Occupation VP & Assoc General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 287.32			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>271.54</b>
<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 12 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Anne C Whitaker		Date of Receipt
	Mailing Address 5 Moore Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Research Triangle	NC	27709
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: A2010-402390
Name of Employer GlaxoSmithKline LLC		Occupation VP Sales Training	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 216.84	<input type="text"/> 54.21

<b>B.</b>	Full Name (Last, First, Middle Initial) Janice M Whitaker		Date of Receipt
	Mailing Address 5 Moore Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 5 / 2 0 1 0
	City	State	Zip Code
	Research Triangle	NC	27709
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: A2010-302983
Name of Employer GlaxoSmithKline LLC		Occupation SVP Quality GMS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 201.48	<input type="text"/> 67.16

<b>C.</b>	Full Name (Last, First, Middle Initial) Janice M Whitaker		Date of Receipt
	Mailing Address 5 Moore Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Research Triangle	NC	27709
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: A2010-399529
Name of Employer GlaxoSmithKline LLC		Occupation SVP Quality GMS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 268.64	<input type="text"/> 67.16

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 188.53
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 1575.78

# 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"/> 24	<input type="checkbox"/> 25	<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

A.	Full Name (Last, First, Middle Initial) DSCC	Transaction ID: B315102 Date of Disbursement 02 / 26 / 2010
	Mailing Address 120 Maryland Avenue Ne	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) First State PAC	Transaction ID: B314944 Date of Disbursement 02 / 18 / 2010
	Mailing Address 426 C Street NE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Halvorson for Congress	Transaction ID: B314133 Date of Disbursement 02 / 01 / 2010
	Mailing Address PO Box 176	Amount of Each Disbursement this Period 1500.00
	City Crete State IL Zip Code 60417	
	Purpose of Disbursement Contribution Candidate Name Debbie Halvorson	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	19000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# 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"/> 24	<input type="checkbox"/> 25	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kirk for US Senate  Mailing Address P.O. Box 8  City Winnetka State IL Zip Code 67218  Purpose of Disbursement Contribution Contribution Candidate Name Mark Kirk Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:	<b>Transaction ID:</b> B314132 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 0  Amount of Each Disbursement this Period 5000.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Melissa Bean for Congress  Mailing Address 50 E Street SE Ste 1  City Washington State DC Zip Code 20003  Purpose of Disbursement Contribution Contribution Candidate Name Melissa Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 08	<b>Transaction ID:</b> B314946 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 0  Amount of Each Disbursement this Period 2500.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends of Trey Grayson  Mailing Address PO Box 175726  City Fort Mitchell State KY Zip Code 41017  Purpose of Disbursement Contribution Contribution Candidate Name Trey Grayson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District:	<b>Transaction ID:</b> B314947 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 0  Amount of Each Disbursement this Period 2500.00  011 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

10000.00

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

# 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"/> 24	<input type="checkbox"/> 25	<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Trey Grayson</p> <p>Mailing Address PO Box 175726</p> <p>City Fort Mitchell State KY Zip Code 41017</p> <p>Purpose of Disbursement Contribution Candidate Name Trey Grayson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B315103 <b>Date of Disbursement</b> 02 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hoeven for Senate</p> <p>Mailing Address PO Box 861</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement Contribution Candidate Name John Hoeven</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B315104 <b>Date of Disbursement</b> 02 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Harry Reid</p> <p>Mailing Address 426 C Street NE Rear Bldg</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B315098 <b>Date of Disbursement</b> 02 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

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

# 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"/> 24	<input type="checkbox"/> 25	<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Scott Murphy for Congress</p> <p>Mailing Address 50 E Street SE Ste 1</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Scott Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B314948</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tiberi for Congress</p> <p>Mailing Address 217 Third St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Pat Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B314949</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="2500.00"/></p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) We The People PAC</p> <p>Mailing Address 38 Ivy St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: Not Applicable</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B315096</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="4500.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>



**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"/> 24	<input type="checkbox"/> 25	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Pete Sessions for Congress  Mailing Address PO Box 823047  City Dallas State TX Zip Code 75382  Purpose of Disbursement Contribution Contribution Candidate Name Pete A Sessions Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B314951 Date of Disbursement 02 / 18 / 2010  Amount of Each Disbursement this Period 2500.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Texans for Lamar Smith  Mailing Address 104 Hume Avenue  City Alexandria State VA Zip Code 22301  Purpose of Disbursement Contribution Contribution Candidate Name Lamar S Smith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B314945 Date of Disbursement 02 / 18 / 2010  Amount of Each Disbursement this Period 2000.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Haley's PAC  Mailing Address P.O. Box 1186  City Jackson State MS Zip Code 39215  Purpose of Disbursement Contribution Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B314950 Date of Disbursement 02 / 18 / 2010  Amount of Each Disbursement this Period 2500.00  011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

PAGE 18 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

A.	Full Name (Last, First, Middle Initial) NRCC		Transaction ID: B315101	
	Mailing Address 320 1st St. SE		Date of Disbursement MM / DD / YYYY 02 / 26 / 2010	
	City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 15000.00
	Purpose of Disbursement Contribution		011	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
	State: DC	District: Not Applicable		

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

60000.00

**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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) John Davis Campaign 2010</p> <p>Mailing Address 1350 NASA Road 1 No. 212</p> <p>City Houston State TX Zip Code 77058</p> <p>Purpose of Disbursement P-2010 State House 129 TX</p> <p>Candidate Name John Davis</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B314847 <b>Date of Disbursement</b> 02 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Chuck Hopson Campaign 2010</p> <p>Mailing Address 506 E. Commerce</p> <p>City Jacksonville State TX Zip Code 75766</p> <p>Purpose of Disbursement P-2010 State House 11 TX</p> <p>Candidate Name Chuck Hopson</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B314848 <b>Date of Disbursement</b> 02 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Steve Ogden 2010 Campaign</p> <p>Mailing Address PO Box 3126</p> <p>City Bryan State TX Zip Code 77805</p> <p>Purpose of Disbursement P-2010 State Senate 05 TX</p> <p>Candidate Name Steve Ogden</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B314850 <b>Date of Disbursement</b> 02 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

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

**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)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC

A.

Full Name (Last, First, Middle Initial)  
Truitt for District 98

Mailing Address P.O. Box 886

City State Zip Code  
Keller TX 76244

Purpose of Disbursement  
P-2010 State House 98 TX

Candidate Name  
Vicki Truitt

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B314849

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....