

**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; patricia.a.murphy@gsk.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

2. DATE

03 / 15 / 2004

3. FEC IDENTIFICATION NUMBER

C C00199703

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Gary Salamido

Signature of Treasurer

Electronically Filed by Gary Salamido

Date

03 / 15 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 202-894-1100

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
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- (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 A

STATE A

ZIP CODE A

Relationship Connected _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- 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 **Megan Brier**

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

Suite 650

Washington DC 20005

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

Telephone number _____ - _____ - _____

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 **Gary Salamido**

Mailing Address **Five Moore Drive**

Res. Triangle Park NC 27709

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

Telephone number _____ - _____ - _____

Full Name of Designated Agent **George S. Abell**

Mailing Address **Five Moore Drive**

B-3154.3C Bide Building

Res. Triangle Park NC 27709

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

Telephone number _____ - _____ - _____

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 Δ

STATE Δ

ZIP CODE Δ

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 **▼** **CITY ▲** **STATE▲** **ZIP CODE ▲**

Assistant Treasurer

Telephone number - -