

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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06/15/2001 14 : 67

1. NAME OF COMMITTEE (in full) SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)		2. FEC IDENTIFICATION NUMBER C00199703
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Five Moore Drive P.O. Box 13358		
CITY, STATE, and ZIP CODE 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 checked="" 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 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>05/01/2001</u> through <u>05/31/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u>		128139.96
(b) Cash on Hand at Beginning of Reporting Period	197851.51	
(c) Total Receipts (from line 19)	97145.00	340476.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	294996.51	468616.18
7. Total Disbursements (from line 30)	109743.00	283362.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	185253.51	185253.51
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 989 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
Electronically Filed by Gary Salamido

Signature of Treasurer	Date 06/15/2001
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)		REPORT COVERING PERIOD FROM 05/01/2001 TO: 05/31/2001	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	8118.83	10556.23	11.a.i.
ii. Unitemized	58618.63	282012.45	11.a.ii.
iii. Total	66737.46	308568.68	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	66737.46	308568.68	11.d.
12. Transfers From Affiliated/Other Party Committees	30407.54	30407.54	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	97145.00	340476.22	19.
20. Total Federal Receipts	97145.00	340476.22	20.
II. Disbursements			
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	100231.02	284073.57	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	61.98	133.70	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	61.98	133.70	28.d.
29. Other Disbursements	9450.00	19055.00	29.
30. Total Disbursements	109743.00	283362.67	30.
31. Total Federal Disbursements	109743.00	283362.67	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	66737.46	308568.68	32.
33. Total Contribution Refunds (from line 28d)	61.98	133.70	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	66675.48	308434.98	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.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 49
			FOR LINE NUMBER 11A1

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)

Full Name, Mailing Address, and ZIP Code ABDALLA JOSEPH T. 9113 Tealby Pl Raleigh NC 27615	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.85
	Occupation Reg. Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 214.92		
Full Name, Mailing Address, and ZIP Code ABDALLA JOSEPH T. 9113 Tealby Pl Raleigh NC 27815	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.85
	Occupation Reg. Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 238.80		
Full Name, Mailing Address, and ZIP Code ASHBURNER DAVID A. 5901 Sicilian Cir Plano TX 75093	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.85
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 212.85		
Full Name, Mailing Address, and ZIP Code ASHBURNER DAVID A. 5901 Sicilian Cir Plano TX 75093	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.85
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 236.50		
Full Name, Mailing Address, and ZIP Code BARBATO RICHARD J. 4 Broadview Dr Huntington NY 11743	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	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 > \$ 237.42		
Full Name, Mailing Address, and ZIP Code BARBATO RICHARD J. 4 Broadview Dr Huntington NY 11743	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	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 > \$ 263.80		
Full Name, Mailing Address, and ZIP Code BARRETT-BARNES KAY R. 6003 Gideon Ct Sugar Land TX 77479	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 21.52
	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 193.68		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)					
Full Name, Mailing Address, and ZIP Code BARRETT-BARNES KAY R. 6003 Gideon Ct Sugar Land TX 77470		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.52
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager			
		Aggregate Year-to-Date > \$ 215.20			
Full Name, Mailing Address, and ZIP Code BARTHOLOMEW KATHY A. 104 Lutterworth Ct. Morrisville NC 27560		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 28.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Dir. Info Systems			
		Aggregate Year-to-Date > \$ 235.32			
Full Name, Mailing Address, and ZIP Code BARTHOLOMEW KATHY A. 104 Lutterworth Ct. Morrisville NC 27560		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 29.17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Dir. Info Systems			
		Aggregate Year-to-Date > \$ 264.49			
Full Name, Mailing Address, and ZIP Code BARTLETT KATHY S. 1427 Acadia St Durham NC 27701		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 27.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Dir. Internal Communications			
		Aggregate Year-to-Date > \$ 237.33			
Full Name, Mailing Address, and ZIP Code BARTLETT KATHY S. 1427 Acadia St Durham NC 27701		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 27.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Dir. Internal Communications			
		Aggregate Year-to-Date > \$ 264.48			
Full Name, Mailing Address, and ZIP Code BEAVIN ELIZABETH W 2642 Frey Court Falls Church VA 22046		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Mgr. Federal Govt Relations II			
		Aggregate Year-to-Date > \$ 182.10			
Full Name, Mailing Address, and ZIP Code BEAVIN ELIZABETH W 2642 Frey Court Falls Church VA 22046		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Mgr. Federal Govt Relations II			
		Aggregate Year-to-Date > \$ 203.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

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NAME OF COMMITTEE (In Full) SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)				
Full Name, Mailing Address, and ZIP Code BERRY CYNTHIA N. 10 Lynwood Rd Asheville NC 28804 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Mgr. Speakers Bureau Aggregate Year-to-Date > \$ 150.50	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 21.74	
Full Name, Mailing Address, and ZIP Code BERRY CYNTHIA N. 10 Lynwood Rd Asheville NC 28804 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Mgr. Speakers Bureau Aggregate Year-to-Date > \$ 212.24	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.74	
Full Name, Mailing Address, and ZIP Code BIRCKHEAD SANDRA J. 1417 Scales St. Raleigh NC 27608 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Mgr. Environ Safety Compliance Aggregate Year-to-Date > \$ 218.08	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 24.78	
Full Name, Mailing Address, and ZIP Code BIRCKHEAD SANDRA J. 1417 Scales St. Raleigh NC 27608 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Mgr. Environ Safety Compliance Aggregate Year-to-Date > \$ 240.84	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 24.78	
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline Occupation Dir. Info Systems Aggregate Year-to-Date > \$ 238.66	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 27.27	
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline Occupation Dir. Info Systems Aggregate Year-to-Date > \$ 265.92	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 27.27	
Full Name, Mailing Address, and ZIP Code BREHM DAWN L. 1951 No Hwy 61 S Burlington NC 27215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Dir. Consumer Marketing Aggregate Year-to-Date > \$ 245.52	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 27.28	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

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

Full Name, Mailing Address, and ZIP Code BREHM DAWN L. 1051 No Hwy 61 S Burlington NC 27215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 27.28
	Occupation Dir. Consumer Marketing	Aggregate Year-to-Date > \$ 272.80	
Full Name, Mailing Address, and ZIP Code BROWNING GARY W. 5208 Blue Ridge Dr Cross Lanes WV 25313 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.03
	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 180.27	
Full Name, Mailing Address, and ZIP Code BROWNING GARY W. 5208 Blue Ridge Dr Cross Lanes WV 25313 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.03
	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 200.30	
Full Name, Mailing Address, and ZIP Code BUFFALOE LYNNWOOD Po Box 362 Youngsville NC 27596 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 21.28
	Occupation Mgr. Maint & Utility Opers	Aggregate Year-to-Date > \$ 185.40	
Full Name, Mailing Address, and ZIP Code BUFFALOE LYNNWOOD Po Box 362 Youngsville NC 27596 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.28
	Occupation Mgr. Maint & Utility Opers	Aggregate Year-to-Date > \$ 206.68	
Full Name, Mailing Address, and ZIP Code BURKES MICHAEL E. 4129 Worley Dr Raleigh NC 27813 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 28.55
	Occupation Reg. Dir. Prof Affairs	Aggregate Year-to-Date > \$ 256.85	
Full Name, Mailing Address, and ZIP Code BURKES MICHAEL E. 4129 Worley Dr Raleigh NC 27813 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 28.55
	Occupation Reg. Dir. Prof Affairs	Aggregate Year-to-Date > \$ 285.50	

SUBTOTALS of Receipts This Page (Optional)

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

Full Name, Mailing Address, and ZIP Code BURKETT TAMARA 326 Brandemill Dr Durham NC 27713	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.54
	Occupation Product Mgr. II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 158.38		
Full Name, Mailing Address, and ZIP Code BURKETT TAMARA 326 Brandemill Dr Durham NC 27713	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.54
	Occupation Product Mgr. II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 221.80		
Full Name, Mailing Address, and ZIP Code BURRUS JAN L. 227 North Royal Street Alexandria VA 22314	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.80
	Occupation Sr. Mgr. Prof Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 215.10		
Full Name, Mailing Address, and ZIP Code BURRUS JAN L. 227 North Royal Street Alexandria VA 22314	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.90
	Occupation Sr. Mgr. Prof Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 239.00		
Full Name, Mailing Address, and ZIP Code CALICO P. J. 907 Cross Gates Blvd Slidell LA 70461	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 21.48
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 193.32		
Full Name, Mailing Address, and ZIP Code CALICO P. J. 907 Cross Gates Blvd Slidell LA 70461	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.48
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 214.80		
Full Name, Mailing Address, and ZIP Code CARLIN PATRICK J. 7 Piedmont Place England ZZ 00000	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 100.08
	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 435.40		

SUBTOTALS of Receipts This Page (Optional)

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

Full Name, Mailing Address, and ZIP Code CARLSON ROBERTA C. 1532 S 126th St Omaha NE 68144 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.05
	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 180.54	
Full Name, Mailing Address, and ZIP Code CARLSON ROBERTA C. 1532 S 126th St Omaha NE 68144 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.08
	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 200.60	
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 30.47
	Occupation Dir. Marketing	Aggregate Year-to-Date > \$ 268.37	
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 30.47
	Occupation Dir. Marketing	Aggregate Year-to-Date > \$ 298.84	
Full Name, Mailing Address, and ZIP Code CARTER ADRIANNA L. 10 Neodak Rd Apex NC 27502 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 69.63
	Occupation Assoc. General Counsel	Aggregate Year-to-Date > \$ 368.63	
Full Name, Mailing Address, and ZIP Code CECICH THOMAS F. 113 Kenneth Ridge Ct Apex NC 27502 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 75.50
	Occupation VP Environmental Safety	Aggregate Year-to-Date > \$ 377.50	
Full Name, Mailing Address, and ZIP Code DASBURG DARREN M. 308 Highlands Lake 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) 05/15/2001	Amount of Each Receipt this Period 181.82
	Occupation VP Engineering	Aggregate Year-to-Date > \$ 771.24	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 49
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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)

Full Name, Mailing Address, and ZIP Code DAVIES THOMAS ALAN 35 Forest View Dr Hollis NH 03040	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.41
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 210.69		
Full Name, Mailing Address, and ZIP Code DAVIES THOMAS ALAN 36 Forest View Dr Hollis NH 03049	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.41
	Occupation Sr. District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 234.10		
Full Name, Mailing Address, and ZIP Code DAVISON JAMES A. 6107 Pingree Rd Crystal Lake IL 60014	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.88
	Occupation Sales & Mtg Assoc IX		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 187.92		
Full Name, Mailing Address, and ZIP Code DAVISON JAMES A. 6107 Pingree Rd Crystal Lake IL 60014	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.88
	Occupation Sales & Mtg Assoc IX		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 208.80		
Full Name, Mailing Address, and ZIP Code DELGIORNO JOHN F. 318 Schubauer Dr Cary NC 27513	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 67.50
	Occupation VP Prof & State Govt Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 354.18		
Full Name, Mailing Address, and ZIP Code DIMAGGIO JOHN J. 3105 Southwood Dr Highland Village TX 75077	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 21.68
	Occupation Sr. Mgr. Market Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 195.12		
Full Name, Mailing Address, and ZIP Code DIMAGGIO JOHN J. 3105 Southwood Dr Highland Village TX 75077	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.68
	Occupation Sr. Mgr. Market Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 216.80		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		10 / 49
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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)				
Full Name, Mailing Address, and ZIP Code DUBUC MICHAEL J. 6516 Dresden Ln Raleigh NC 27612 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Mgr. Distrib Ops Aggregate Year-to-Date > \$ 200.78	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 22.96	
Full Name, Mailing Address, and ZIP Code DUBUC MICHAEL J. 6516 Dresden Ln Raleigh NC 27612 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Mgr. Distrib Ops Aggregate Year-to-Date > \$ 223.72	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 22.96	
Full Name, Mailing Address, and ZIP Code EDWARDS WILLIAM K. 902 W Cornwallis Dr Greensboro NC 27408 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Counsel II Aggregate Year-to-Date > \$ 247.32	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 28.26	
Full Name, Mailing Address, and ZIP Code EDWARDS WILLIAM K. 902 W Cornwallis Dr Greensboro NC 27408 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Counsel II Aggregate Year-to-Date > \$ 275.58	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 28.26	
Full Name, Mailing Address, and ZIP Code EVENS MARIBETH 4713 234th St Ne Arlington WA 98223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation District Sales Manager Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code EVENS MARIBETH 4713 234th St Ne Arlington WA 98223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation District Sales Manager Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code FALCON KERRY M. 101 Gingergate Dr Apex NC 27502 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Executive Sales Rep - Tas Aggregate Year-to-Date > \$ 195.63	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 22.33	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	11 / 49
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NAME OF COMMITTEE (In Full)
SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)

Full Name, Mailing Address, and ZIP Code FALCON KERRY M. 101 Glingergate Dr Apex NC 27502 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 22.33
	Occupation Sr. Executive Sales Rep - Tax	Aggregate Year-to-Date > \$ 217.98	
Full Name, Mailing Address, and ZIP Code FEDELL JERRY A. 9721 Valley View Rd Pittsburgh PA 15237 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 21.94
	Occupation Sr. Account Manager	Aggregate Year-to-Date > \$ 197.46	
Full Name, Mailing Address, and ZIP Code FEDELL JERRY A. 9721 Valley View Rd Pittsburgh PA 15237 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.84
	Occupation Sr. Account Manager	Aggregate Year-to-Date > \$ 219.40	
Full Name, Mailing Address, and ZIP Code FENSTERMAKER BILL CHARLES 43 Katy Hatch Rd Falmouth MA 02540 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 21.33
	Occupation Sr. District Sales Manager	Aggregate Year-to-Date > \$ 191.97	
Full Name, Mailing Address, and ZIP Code FENSTERMAKER BILL CHARLES 43 Katy Hatch Rd Falmouth MA 02540 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.33
	Occupation Sr. District Sales Manager	Aggregate Year-to-Date > \$ 213.30	
Full Name, Mailing Address, and ZIP Code FORREST JOHN S. 2114 53rd Street West Minneapolis MN 55419 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.52
	Occupation Sr. Account Manager	Aggregate Year-to-Date > \$ 211.68	
Full Name, Mailing Address, and ZIP Code FORREST JOHN S. 2114 53rd Street West Minneapolis MN 55419 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.52
	Occupation Sr. Account Manager	Aggregate Year-to-Date > \$ 235.20	

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TOTALS This Period (last page this line number only)	

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	12 / 49
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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)					
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline Occupation Reg. Dir. Mhc Aggregate Year-to-Date > \$ 258.75	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 28.75		
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline Occupation Reg. Dir. Mhc Aggregate Year-to-Date > \$ 297.50	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 28.75		
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline Occupation Grp. Dir Pricing & Mkt Econ Aggregate Year-to-Date > \$ 295.47	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 33.69		
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline Occupation Grp. Dir Pricing & Mkt Econ Aggregate Year-to-Date > \$ 329.16	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 33.69		
Full Name, Mailing Address, and ZIP Code GAUZENS JOSEPH E. 12412 N 75th Pl Scottsdale AZ 85260 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. District Sales Manager Aggregate Year-to-Date > \$ 182.88	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.32		
Full Name, Mailing Address, and ZIP Code GAUZENS JOSEPH E. 12412 N 75th Pl Scottsdale AZ 85260 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. District Sales Manager Aggregate Year-to-Date > \$ 203.20	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.32		
Full Name, Mailing Address, and ZIP Code GILLIKIN CLAUDE E. 2109 Osprey Cir Raleigh NC 27615 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Mgr. State Govt Affairs Aggregate Year-to-Date > \$ 215.28	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.82		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	13 / 49
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NAME OF COMMITTEE (In Full)
SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)

Full Name, Mailing Address, and ZIP Code GILLIKIN CLAUDE E. 2109 Osprey Cir Raleigh NC 27615	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.82
	Occupation Sr. Mgr. State Govt Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 239.20		
Full Name, Mailing Address, and ZIP Code GINSLER THOMAS A. 6412 Summerspring Ln Raleigh NC 27815	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 53.68
	Occupation Dir. Info Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 261.65		
Full Name, Mailing Address, and ZIP Code GIOVANNIELLO DEAN 301 Modena Dr Cary NC 27513	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 31.13
	Occupation Dir. Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 267.21		
Full Name, Mailing Address, and ZIP Code GIOVANNIELLO DEAN 301 Modena Dr Cary NC 27513	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 31.13
	Occupation Dir. Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 298.34		
Full Name, Mailing Address, and ZIP Code GLOYD MICHAEL A. 3132 W Ironwood Cir Chandler AZ 85226	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.27
	Occupation Sr. Mgr. National Accts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 209.43		
Full Name, Mailing Address, and ZIP Code GLOYD MICHAEL A. 3132 W Ironwood Cir Chandler AZ 85226	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.27
	Occupation Sr. Mgr. National Accts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 232.70		
Full Name, Mailing Address, and ZIP Code GOODWIN SHEILA DIANE 12 Birchcrest Ct. Durham NC 27713	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 25.09
	Occupation Sr. Clin Resch Program Head		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 218.31		

SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A		ITEMIZED RECEIPTS		14 / 49
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)				
Full Name, Mailing Address, and ZIP Code GODDWIN SHEILA DIANE 12 Birchcrest Ct. Durham NC 27713 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Clin Rsch Program Head Aggregate Year-to-Date > \$ 243.40	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 25.09	
Full Name, Mailing Address, and ZIP Code 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 Occupation VP Taxes Aggregate Year-to-Date > \$ 291.65	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 58.33	
Full Name, Mailing Address, and ZIP Code GRADY KURT P. 4618 North Illinois #102 Fairview Heights IL 62208 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Reg. Dir. Region Med Scient Aggregate Year-to-Date > \$ 221.73	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 25.29	
Full Name, Mailing Address, and ZIP Code 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 Occupation Reg. Dir. State Govt Affairs Aggregate Year-to-Date > \$ 299.82	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 29.98	
Full Name, Mailing Address, and ZIP Code 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 Occupation Reg. Dir. State Govt Affairs Aggregate Year-to-Date > \$ 299.80	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 29.98	
Full Name, Mailing Address, and ZIP Code GRAML PAUL C. #20 Blueberry Lane Avon CT 06001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Account Manager Aggregate Year-to-Date > \$ 200.25	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 22.25	
Full Name, Mailing Address, and ZIP Code GRAML PAUL C. #20 Blueberry Lane Avon CT 06001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Account Manager Aggregate Year-to-Date > \$ 222.50	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 22.25	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	15 / 49
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NAME OF COMMITTEE (In Full)
SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)

Full Name, Mailing Address, and ZIP Code 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) 05/15/2001	Amount of Each Receipt this Period 25.35
	Occupation Reg. Sales Dir		
	Aggregate Year-to-Date > \$ 228.15		
Full Name, Mailing Address, and ZIP Code 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) 05/31/2001	Amount of Each Receipt this Period 25.35
	Occupation Reg. Sales Dir		
	Aggregate Year-to-Date > \$ 253.50		
Full Name, Mailing Address, and ZIP Code GRILLOT MICHAEL A. 2518 Saint James Dr Franklin TN 37064 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.29
	Occupation Sr. Account Manager		
	Aggregate Year-to-Date > \$ 209.61		
Full Name, Mailing Address, and ZIP Code GRILLOT MICHAEL A. 2518 Saint James Dr Franklin TN 37064 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.29
	Occupation Sr. Account Manager		
	Aggregate Year-to-Date > \$ 232.90		
Full Name, Mailing Address, and ZIP Code HARMESON JAMES B. 218 Highlands Lake 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) 05/15/2001	Amount of Each Receipt this Period 20.94
	Occupation Regional Care Manager		
	Aggregate Year-to-Date > \$ 188.46		
Full Name, Mailing Address, and ZIP Code HARMESON JAMES B. 218 Highlands Lake 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) 05/31/2001	Amount of Each Receipt this Period 20.94
	Occupation Regional Care Manager		
	Aggregate Year-to-Date > \$ 209.40		
Full Name, Mailing Address, and ZIP Code HARP DAVID M. 816 Polkatomie Trl Batavia IL 60510 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 21.59
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 194.31		

SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	16 / 49
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)					
Full Name, Mailing Address, and ZIP Code HARP DAVID M. 816 Pottawatomie Trl Batavia IL 60510		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.59
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager			
		Aggregate Year-to-Date > \$ 215.90			
Full Name, Mailing Address, and ZIP Code HARTSFIELD JACOB A. 311 Barniewood Dr Cary NC 27511		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 35.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Grp. Dir. Public Policy/Advoc			
		Aggregate Year-to-Date > \$ 306.18			
Full Name, Mailing Address, and ZIP Code HARTSFIELD JACOB A. 311 Barniewood Dr Cary NC 27511		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 35.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Grp. Dir. Public Policy/Advoc			
		Aggregate Year-to-Date > \$ 341.58			
Full Name, Mailing Address, and ZIP Code HENDERSON DAVID F. 212 E 21st St Tulsa OK 74114		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Mgr. Market Development			
		Aggregate Year-to-Date > \$ 185.58			
Full Name, Mailing Address, and ZIP Code HENDERSON DAVID F. 212 E 21st St Tulsa OK 74114		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Mgr. Market Development			
		Aggregate Year-to-Date > \$ 206.20			
Full Name, Mailing Address, and ZIP Code HOFFMAN BARBARA M. 7337 E Saddlehorn Way Orange CA 92869		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Mgr. Prof Affairs			
		Aggregate Year-to-Date > \$ 209.07			
Full Name, Mailing Address, and ZIP Code HOFFMAN BARBARA M. 7337 E Saddlehorn Way Orange CA 92869		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Mgr. Prof Affairs			
		Aggregate Year-to-Date > \$ 232.30			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	17 / 49
			FOR LINE NUMBER 11A1
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)			
Full Name, Mailing Address, and ZIP Code HOFMANN TERENCE R. 5306 Park Vista Ct Stow OH 44224	Name of Employer GlaxoSmithKline Occupation Sr. Account Manager	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 213.21		
Full Name, Mailing Address, and ZIP Code HOFMANN TERENCE R. 5306 Park Vista Ct Stow OH 44224	Name of Employer GlaxoSmithKline Occupation Sr. Account Manager	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 236.90		
Full Name, Mailing Address, and ZIP Code HOLCOMBE PAUL A. 813 Darfield Dr Raleigh NC 27615	Name of Employer GlaxoSmithKline Occupation Sr. VP General Counsel & Secy	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 143.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 718.75		
Full Name, Mailing Address, and ZIP Code HOLSINGER MARY O. 506 Kentucky Ave Alexandria VA 22305	Name of Employer GlaxoSmithKline Occupation Sr. District Sales Manager	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 22.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 198.09		
Full Name, Mailing Address, and ZIP Code HOLSINGER MARY O. 506 Kentucky Ave Alexandria VA 22305	Name of Employer GlaxoSmithKline Occupation Sr. District Sales Manager	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 22.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.10		
Full Name, Mailing Address, and ZIP Code HOYLAND DAVID D. Rd #5 Box 513 Mercer Rd. New Castle PA 16105	Name of Employer GlaxoSmithKline Occupation Sr. District Sales Manager	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 182.97		
Full Name, Mailing Address, and ZIP Code HOYLAND DAVID D. Rd #5 Box 513 Mercer Rd. New Castle PA 16105	Name of Employer GlaxoSmithKline Occupation Sr. District Sales Manager	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 203.30		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		18 / 49
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
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)				
Full Name, Mailing Address, and ZIP Code HYNES MARK A. 9901 N Oracle Rd #3202 Oro Valley AZ 85737	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.10	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date > \$ 180.90		
Full Name, Mailing Address, and ZIP Code HYNES MARK A. 9901 N Oracle Rd #3202 Oro Valley AZ 85737	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.10	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Executive Sales Rep - Inst	Aggregate Year-to-Date > \$ 201.00		
Full Name, Mailing Address, and ZIP Code INGRAM ROBERT A. 3624 Dover Rd Durham NC 27707	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Chairman	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code KEENEY DANIEL M. 647 Hickory Mew Ct Westerville OH 43081	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 24.71	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. State Govt Affairs	Aggregate Year-to-Date > \$ 222.39		
Full Name, Mailing Address, and ZIP Code KEENEY DANIEL M. 647 Hickory View Ct Westerville OH 43081	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 24.71	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. State Govt Affairs	Aggregate Year-to-Date > \$ 247.10		
Full Name, Mailing Address, and ZIP Code KEENEY THOMAS E. 948 Township Road 1233 Proctorville OH 45669	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.33	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 182.97		
Full Name, Mailing Address, and ZIP Code KEENEY THOMAS E. 948 Township Road 1233 Proctorville OH 45669	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.33	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 203.30		
SUBTOTALS of Receipts This Page (Optional)				
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SCHEDULE A		ITEMIZED RECEIPTS		19 / 49
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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)				
Full Name, Mailing Address, and ZIP Code KELLEY KERRY L. 12328 Ashton Mill Ter Glen Allen VA 23050 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Account Manager Aggregate Year-to-Date > \$ 202.50	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 22.50	
Full Name, Mailing Address, and ZIP Code KELLEY KERRY L. 12328 Ashton Mill Ter Glen Allen VA 23059 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Account Manager Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 22.50	
Full Name, Mailing Address, and ZIP Code KERR JAMES D. 115 S. Forrest Ridge Blvd. Broken Arrow OK 74014 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation District Sales Manager Aggregate Year-to-Date > \$ 181.53	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.17	
Full Name, Mailing Address, and ZIP Code KERR JAMES D. 115 S. Forrest Ridge Blvd. Broken Arrow OK 74014 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation District Sales Manager Aggregate Year-to-Date > \$ 201.70	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.17	
Full Name, Mailing Address, and ZIP Code KIMBROUGH JOHN ARNOLD Glaxo Wellcome Inc. Sacramento CA 95814 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Mgr. State Govt Affairs Aggregate Year-to-Date > \$ 212.22	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.58	
Full Name, Mailing Address, and ZIP Code KIMBROUGH JOHN ARNOLD Glaxo Wellcome Inc. Sacramento CA 95814 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Mgr. State Govt Affairs Aggregate Year-to-Date > \$ 235.80	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.58	
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline Occupation VP Fed Govt Rel & Pub Policy Aggregate Year-to-Date > \$ 852.85	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 170.57	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	20 / 49
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NAME OF COMMITTEE (In Full)
SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)

Full Name, Mailing Address, and ZIP Code KIRK MITCHELL A. 21061 Gale Maternal Lake Forest CA 92630	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 27.29
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 245.61		
Full Name, Mailing Address, and ZIP Code KIRK MITCHELL A. 21061 Gale Maternal Lake Forest CA 92630	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 27.29
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 272.90		
Full Name, Mailing Address, and ZIP Code KOENECKE MARY PEDERSON 5567 Bristol Ln Minnetonka MN 55343	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.83
	Occupation Mgr. Reg Prof Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 187.47		
Full Name, Mailing Address, and ZIP Code KOENECKE MARY PEDERSON 5567 Bristol Ln Minnetonka MN 55343	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.83
	Occupation Mgr. Reg Prof Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 208.30		
Full Name, Mailing Address, and ZIP Code KRUMBEIN LEWIS H. 804 Hillshire Dr Birmingham AL 35244	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 24.65
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 221.85		
Full Name, Mailing Address, and ZIP Code KRUMBEIN LEWIS H. 804 Hillshire Dr Birmingham AL 35244	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 24.65
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 246.50		
Full Name, Mailing Address, and ZIP Code KRUSE LARRY D. 1505 Nw Wildwood Dr Blue Springs MO 64015	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 24.40
	Occupation Sr. Mgr. State Govt Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 219.60		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		21 / 49
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER 11A1
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)				
Full Name, Mailing Address, and ZIP Code KRUSE LARRY D. 1505 NW Wildwood Dr Blue Springs MO 64015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Mgr. State Govt Affairs Aggregate Year-to-Date > \$ 244.00	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 24.40	
Full Name, Mailing Address, and ZIP Code LEON EDWARD R. 108 Deer Valley Dr Apex NC 27502 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Product Mgr. II Aggregate Year-to-Date > \$ 184.23	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 21.25	
Full Name, Mailing Address, and ZIP Code LEON EDWARD R. 108 Deer Valley Dr Apex NC 27502 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Product Mgr. II Aggregate Year-to-Date > \$ 205.48	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.25	
Full Name, Mailing Address, and ZIP Code LURIA CHERYL N 1341 W. Fullerton Ave. Pmb 308 Chicago IL 60614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Mgr. State Govt Affairs Aggregate Year-to-Date > \$ 193.14	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 21.46	
Full Name, Mailing Address, and ZIP Code LURIA CHERYL N 1341 W. Fullerton Ave. Pmb 308 Chicago IL 60614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Mgr. State Govt Affairs Aggregate Year-to-Date > \$ 214.60	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.46	
Full Name, Mailing Address, and ZIP Code LURIA ROBERT S. 12 Spruce Run East Greenbush NY 12061 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Mgr. State Govt Affairs Aggregate Year-to-Date > \$ 217.53	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 24.17	
Full Name, Mailing Address, and ZIP Code LURIA ROBERT S. 12 Spruce Run East Greenbush NY 12061 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Mgr. State Govt Affairs Aggregate Year-to-Date > \$ 241.70	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 24.17	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		22 / 49
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)				
Full Name, Mailing Address, and ZIP Code LYONS JAN CLAYTON 531 W Holding Ave Wake Forest NC 27587 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Mgr. Tax Planning Aggregate Year-to-Date > \$ 182.94	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 21.10	
Full Name, Mailing Address, and ZIP Code LYONS JAN CLAYTON 531 W Holding Ave Wake Forest NC 27587 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Mgr. Tax Planning Aggregate Year-to-Date > \$ 204.04	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.10	
Full Name, Mailing Address, and ZIP Code MANNING HOWARD L. 409 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 > \$ 237.87	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 27.13	
Full Name, Mailing Address, and ZIP Code MANNING HOWARD L. 409 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 > \$ 265.00	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 27.13	
Full Name, Mailing Address, and ZIP Code MARBURGER KIM I. 956 Whitegate Dr Northville MI 48167 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Mgr. National Accts Aggregate Year-to-Date > \$ 214.11	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.79	
Full Name, Mailing Address, and ZIP Code MARBURGER KIM I. 956 Whitegate Dr Northville MI 48167 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Mgr. National Accts Aggregate Year-to-Date > \$ 237.90	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.79	
Full Name, Mailing Address, and ZIP Code 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 > \$ 240.21	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 26.69	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	23 / 49
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)					
Full Name, Mailing Address, and ZIP Code MARINELLI PHILIP A. 107 Eymouth Ct Cary NC 27513		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 25.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Dir. Finance - Tech Ops		Aggregate Year-to-Date > \$ 298.50	
Full Name, Mailing Address, and ZIP Code MASON DAVID K. 14500 Morning Mountain Way Alpharetta GA 30004		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Mgr. Market Development		Aggregate Year-to-Date > \$ 184.50	
Full Name, Mailing Address, and ZIP Code MASON DAVID K. 14500 Morning Mountain Way Alpharetta GA 30004		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Mgr. Market Development		Aggregate Year-to-Date > \$ 205.00	
Full Name, Mailing Address, and ZIP Code MCDAVID ROBERT M. 501 Lancey Dr Midlothian VA 23113		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager		Aggregate Year-to-Date > \$ 182.61	
Full Name, Mailing Address, and ZIP Code MCDAVID ROBERT M. 501 Lancey Dr Midlothian VA 23113		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager		Aggregate Year-to-Date > \$ 202.90	
Full Name, Mailing Address, and ZIP Code MCDONALD BRADLEY R. 6926 Hickory Dr. Ne Fridley MN 55432		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 24.17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Regional Care Mgr.		Aggregate Year-to-Date > \$ 217.53	
Full Name, Mailing Address, and ZIP Code MCDONALD BRADLEY R. 6926 Hickory Dr. Ne Fridley MN 55432		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 24.17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. Regional Care Mgr.		Aggregate Year-to-Date > \$ 241.70	
SUBTOTALS of Receipts This Page (Optional)					
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SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	24 / 49
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code MCLEOD LUCIA T. 9017 Wildwood Links Raleigh NC 27613	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 40.00
	Occupation VP Customer Response Center		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 375.84		
Full Name, Mailing Address, and ZIP Code MICHAEL JAMES 10000 Wyncate Ridge Dr Raleigh NC 27813	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 22.29
	Occupation Product Mgr. I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 188.13		
Full Name, Mailing Address, and ZIP Code MICHAEL JAMES 10000 Wyncate Ridge Dr Raleigh NC 27613	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 22.29
	Occupation Product Mgr. I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 210.42		
Full Name, Mailing Address, and ZIP Code MILLER R. DAVID 109 Cricket Ln Cary NC 27511	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 25.35
	Occupation Dir. Science & Econ Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 223.05		
Full Name, Mailing Address, and ZIP Code MILLER R. DAVID 109 Cricket Ln Cary NC 27511	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 25.35
	Occupation Dir. Science & Econ Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 248.40		
Full Name, Mailing Address, and ZIP Code MOE JEFFREY L. 806 Kenmore Road Chapel Hill NC 27514	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 28.58
	Occupation Dir. Business Strategy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 253.32		
Full Name, Mailing Address, and ZIP Code MOE JEFFREY L. 806 Kenmore Road Chapel Hill NC 27514	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 28.88
	Occupation Dir. Business Strategy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 282.30		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		25 / 49
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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)				
Full Name, Mailing Address, and ZIP Code MONTAGUE ROBERT C. 116 Haringey 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 > \$ 288.63	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 33.25	
Full Name, Mailing Address, and ZIP Code MONTAGUE ROBERT C. 116 Haringey Dr Raleigh NC 27815 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 > \$ 321.68	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 33.25	
Full Name, Mailing Address, and ZIP Code MOULTON SUSANNE G. 1022 Kimball Dr Durham NC 27705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Dir. Patient Asst & Reim Progs Aggregate Year-to-Date > \$ 248.81	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 28.23	
Full Name, Mailing Address, and ZIP Code MOULTON SUSANNE G. 1022 Kimball Dr Durham NC 27705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Dir. Patient Asst & Reim Progs Aggregate Year-to-Date > \$ 275.04	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 28.23	
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline Occupation VP & Dir Investor Relations Aggregate Year-to-Date > \$ 475.62	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 111.46	
Full Name, Mailing Address, and ZIP Code MURPHY SHIRLEY 2311 Ridgefield Dr. Chapel Hill NC 27514 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation VP Dermatolgy Aggregate Year-to-Date > \$ 485.43	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 108.75	
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline Occupation Reg. Sales Dir Aggregate Year-to-Date > \$ 241.65	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 26.65	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	26 / 49
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 26.85
	Occupation Reg. Sales Dir	Aggregate Year-to-Date > \$ 268.50	
Full Name, Mailing Address, and ZIP Code O'CONNOR KEVIN J. 14300 Heathland Ter Midlothian VA 23113 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.55
	Occupation Sr. District Sales Manager	Aggregate Year-to-Date > \$ 188.55	
Full Name, Mailing Address, and ZIP Code O'CONNOR KEVIN J. 14300 Heathland Ter Midlothian VA 23113 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.85
	Occupation Sr. District Sales Manager	Aggregate Year-to-Date > \$ 209.50	
Full Name, Mailing Address, and ZIP Code OGUS MICHAEL D. 6420 Taylor Rd Wendell NC 27591 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 22.17
	Occupation Systems Manager	Aggregate Year-to-Date > \$ 194.13	
Full Name, Mailing Address, and ZIP Code OGUS MICHAEL D. 6420 Taylor Rd Wendell NC 27591 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 22.17
	Occupation Systems Manager	Aggregate Year-to-Date > \$ 216.30	
Full Name, Mailing Address, and ZIP Code OLSZANOWSKI ROY E. 6605 Deerview Dr Raleigh NC 27606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 21.54
	Occupation Sr. Consultant	Aggregate Year-to-Date > \$ 191.84	
Full Name, Mailing Address, and ZIP Code OLSZANOWSKI ROY E. 6605 Deerview Dr Raleigh NC 27606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.84
	Occupation Sr. Consultant	Aggregate Year-to-Date > \$ 213.88	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		27 / 49
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER 11A1
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)				
Full Name, Mailing Address, and ZIP Code ONEILL ELIZABETH A. 1185 Beech Tree Ln Bartlett IL 60103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Mgr. Prof Affairs Aggregate Year-to-Date > \$ 203.40	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 22.60	
Full Name, Mailing Address, and ZIP Code ONEILL ELIZABETH A. 1155 Beech Tree Ln Bartlett IL 60103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Mgr. Prof Affairs Aggregate Year-to-Date > \$ 226.00	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 22.60	
Full Name, Mailing Address, and ZIP Code OURY DAVID R. 204 Tenbury Wells Dr Apex NC 27502 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Product Mgr. II Aggregate Year-to-Date > \$ 211.28	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 25.42	
Full Name, Mailing Address, and ZIP Code OURY DAVID R. 204 Tenbury Wells Dr Apex NC 27502 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Product Mgr. II Aggregate Year-to-Date > \$ 236.68	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 25.42	
Full Name, Mailing Address, and ZIP Code 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 Occupation Reg. Sales Dir Aggregate Year-to-Date > \$ 264.15	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 29.35	
Full Name, Mailing Address, and ZIP Code 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 Occupation Reg. Sales Dir Aggregate Year-to-Date > \$ 293.50	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 29.35	
Full Name, Mailing Address, and ZIP Code PAYNE-ALFORD CATHY S. 5415 Hopeval Church Rd Pine Mountain GA 31822 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. Account Manager Aggregate Year-to-Date > \$ 200.07	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 22.23	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	28 / 49
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NAME OF COMMITTEE (In Full)
SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)

Full Name, Mailing Address, and ZIP Code PAYNE-ALFORD CATHY S. 5415 Hopewell Church Rd Pine Mountain GA 31822	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 22.23
	Occupation Sr. Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 222.30		
Full Name, Mailing Address, and ZIP Code PETERSON GREGGORY W. 9039 E Charter Oak Dr Scottsdale AZ 85260	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 29.51
	Occupation Regional Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 265.58		
Full Name, Mailing Address, and ZIP Code PETERSON GREGGORY W. 9039 E Charter Oak Dr Scottsdale AZ 85260	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 29.51
	Occupation Regional Sales Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 295.10		
Full Name, Mailing Address, and ZIP Code PETERSON JEFFREY L. 207 Glen Abbey Dr Cary NC 27513	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 28.06
	Occupation Dir. Strategic Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 245.28		
Full Name, Mailing Address, and ZIP Code PETERSON JEFFREY L. 207 Glen Abbey Dr Cary NC 27513	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 28.06
	Occupation Dir. Strategic Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 273.34		
Full Name, Mailing Address, and ZIP Code PHELAN DANIEL J 36 MIDDLETON ROAD MDORESTOWN NJ 08057	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/29/2001	Amount of Each Receipt this Period 163.46
	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 326.62		
Full Name, Mailing Address, and ZIP Code POLSON TERESA M. 4000 Smithfield Rd. Knightdale NC 27545	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.83
	Occupation R&d Project Planner III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 180.87		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		29 / 49 Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER 11A1	
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)					
Full Name, Mailing Address, and ZIP Code POLSON TERESA M. 4000 Smithfield Rd. Knightdale NC 27545 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer GlaxoSmithKline Occupation R&d Project Planner III Aggregate Year-to-Date > \$ 201.70		Date (month, day, year) 05/31/2001 Amount of Each Receipt this Period 20.83	
Full Name, Mailing Address, and ZIP Code REASOR RICHARD H. Pmb 382 Austin TX 78735 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer GlaxoSmithKline Occupation District Sales Manager Aggregate Year-to-Date > \$ 184.32		Date (month, day, year) 05/15/2001 Amount of Each Receipt this Period 20.48	
Full Name, Mailing Address, and ZIP Code REASOR RICHARD H. Pmb 382 Austin TX 78735 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer GlaxoSmithKline Occupation District Sales Manager Aggregate Year-to-Date > \$ 204.80		Date (month, day, year) 05/31/2001 Amount of Each Receipt this Period 20.48	
Full Name, Mailing Address, and ZIP Code RICHARDSON JOHN K. 1031 Orchid Dr Brentwood CA 94513 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer GlaxoSmithKline Occupation Sr. Mgr. Market Development Aggregate Year-to-Date > \$ 202.68		Date (month, day, year) 05/15/2001 Amount of Each Receipt this Period 22.52	
Full Name, Mailing Address, and ZIP Code RICHARDSON JOHN K. 1031 Orchid Dr Brentwood CA 94513 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer GlaxoSmithKline Occupation Sr. Mgr. Market Development Aggregate Year-to-Date > \$ 225.20		Date (month, day, year) 05/31/2001 Amount of Each Receipt this Period 22.52	
Full Name, Mailing Address, and ZIP Code ROGERS JOSEPH F. 10613 Big Canoe Big Canoe GA 30143 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer GlaxoSmithKline Occupation Sr. Mgr. State Govt Affairs Aggregate Year-to-Date > \$ 204.48		Date (month, day, year) 05/15/2001 Amount of Each Receipt this Period 10.00	
Full Name, Mailing Address, and ZIP Code ROGERS JOSEPH F. 10613 Big Canoe Big Canoe GA 30143 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer GlaxoSmithKline Occupation Sr. Mgr. State Govt Affairs Aggregate Year-to-Date > \$ 214.48		Date (month, day, year) 05/31/2001 Amount of Each Receipt this Period 10.00	
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		30 / 49
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
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NAME OF COMMITTEE (In Full) SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)				
Full Name, Mailing Address, and ZIP Code ROGERS STUART P. 1117 Bentham Dr Raleigh NC 27614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Div. Controller Aggregate Year-to-Date > \$ 225.09	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 25.73	
Full Name, Mailing Address, and ZIP Code ROGERS STUART P. 1117 Bentham Dr Raleigh NC 27814 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Div. Controller Aggregate Year-to-Date > \$ 250.82	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 25.73	
Full Name, Mailing Address, and ZIP Code 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 Occupation Reg. Dir. Prof Affairs Aggregate Year-to-Date > \$ 238.68	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 26.52	
Full Name, Mailing Address, and ZIP Code 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 Occupation Reg. Dir. Prof Affairs Aggregate Year-to-Date > \$ 265.20	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 26.52	
Full Name, Mailing Address, and ZIP Code SANTRY MARK J. 102 Nimbus 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. Cmd Program Dev & Mktg Aggregate Year-to-Date > \$ 247.02	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 28.42	
Full Name, Mailing Address, and ZIP Code SANTRY MARK J. 102 Nimbus 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. Cmd Program Dev & Mktg Aggregate Year-to-Date > \$ 275.44	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 28.42	
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline Occupation Reg. Sales Dir Aggregate Year-to-Date > \$ 230.10	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.01	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	31 / 49
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)					
Full Name, Mailing Address, and ZIP Code SCHAAF ELLEN S. 3318 Cottonfield Dr Mt Pleasant SC 29464		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Reg. Sales Dir			
		Aggregate Year-to-Date > \$ 253.11			
Full Name, Mailing Address, and ZIP Code SCHIMAN DAVID ROBERT 4749 West River Hollow Ct Mequon WI 53092		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 21.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager			
		Aggregate Year-to-Date > \$ 191.34			
Full Name, Mailing Address, and ZIP Code SCHIMAN DAVID ROBERT 4749 West River Hollow Ct Mequon WI 53092		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.26
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager			
		Aggregate Year-to-Date > \$ 212.60			
Full Name, Mailing Address, and ZIP Code SCHLICK JUDITH K. 7892 Chesshire Ln N Maple Grove MN 55311		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.95
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager			
		Aggregate Year-to-Date > \$ 188.55			
Full Name, Mailing Address, and ZIP Code SCHLICK JUDITH K. 7892 Chesshire Ln N Maple Grove MN 55311		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.95
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation District Sales Manager			
		Aggregate Year-to-Date > \$ 209.50			
Full Name, Mailing Address, and ZIP Code SCHNEIDEWIND NED 295 Buckskin Trail Bailey CO 80421		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.63
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. District Sales Manager			
		Aggregate Year-to-Date > \$ 185.67			
Full Name, Mailing Address, and ZIP Code SCHNEIDEWIND NED 295 Buckskin Trail Bailey CO 80421		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.63
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. District Sales Manager			
		Aggregate Year-to-Date > \$ 206.30			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	32 / 49
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NAME OF COMMITTEE (In Full)
SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)

Full Name, Mailing Address, and ZIP Code SCHUYLER WILLIAM 2818 S Abingdon St Apt B-2 Arlington VA 22206 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 25.01
	Occupation Dir. Federal Govt Relations I		
	Aggregate Year-to-Date > \$ 225.33		
Full Name, Mailing Address, and ZIP Code SCHUYLER WILLIAM 2818 S Abingdon St Apt B-2 Arlington VA 22206 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 25.01
	Occupation Dir. Federal Govt Relations I		
	Aggregate Year-to-Date > \$ 251.34		
Full Name, Mailing Address, and ZIP Code SCHWAB PATRICIA A. 8780 Sw 64th Ct Miami FL 33143 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.69
	Occupation Reg. Sales Dir		
	Aggregate Year-to-Date > \$ 213.21		
Full Name, Mailing Address, and ZIP Code SCHWAB PATRICIA A. 8780 Sw 64th Ct Miami FL 33143 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.69
	Occupation Reg. Sales Dir		
	Aggregate Year-to-Date > \$ 236.90		
Full Name, Mailing Address, and ZIP Code SEIFERT ELIZABETH TAYLOR 107 St. Brides 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) 05/15/2001	Amount of Each Receipt this Period 24.77
	Occupation Dir. Public Policy Dev		
	Aggregate Year-to-Date > \$ 210.68		
Full Name, Mailing Address, and ZIP Code SEIFERT ELIZABETH TAYLOR 107 St. Brides 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) 05/31/2001	Amount of Each Receipt this Period 24.77
	Occupation Dir. Public Policy Dev		
	Aggregate Year-to-Date > \$ 235.46		
Full Name, Mailing Address, and ZIP Code SHANNON JOHN E. 3908 Wynnford 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) 05/15/2001	Amount of Each Receipt this Period 21.86
	Occupation Sr. Mgr. Media Hc Technology		
	Aggregate Year-to-Date > \$ 192.48		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	33 / 49
			FOR LINE NUMBER 11A1

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)

Full Name, Mailing Address, and ZIP Code SHANNON JOHN E. 3908 Wyrnford Dr Durham NC 27707	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.86
	Occupation Sr. Mgr. Media Hc Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 214.44		
Full Name, Mailing Address, and ZIP Code SHORE WILLIAM A. 28 Clearwater Dr Durham NC 27707	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 29.04
	Occupation Dir. Corporate Community Affrs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 253.86		
Full Name, Mailing Address, and ZIP Code SHORE WILLIAM A. 28 Clearwater Dr Durham NC 27707	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 29.04
	Occupation Dir. Corporate Community Affrs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 282.90		
Full Name, Mailing Address, and ZIP Code SILVA MANUEL C. 8220 Therfield Dr Raleigh NC 27614	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 83.33
	Occupation VP Engineering		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 416.66		
Full Name, Mailing Address, and ZIP Code SINGER CHRISTOPHER A. 411 Midenhal Way Cary NC 27513	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 81.04
	Occupation VP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 405.20		
Full Name, Mailing Address, and ZIP Code SMITH WOODIE L. 555 Calmwater Ln Alpharetta GA 30022	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 22.77
	Occupation Sr. Regional Corp Health Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 204.83		
Full Name, Mailing Address, and ZIP Code SMITH WOODIE L. 555 Calmwater Ln Alpharetta GA 30022	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 22.77
	Occupation Sr. Regional Corp Health Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 227.70		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	34 / 49
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code SONS STEVE R. 103 Winterbrook 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) 05/15/2001	Amount of Each Receipt this Period 82.82
	Occupation VP Org Effectiveness		
	Aggregate Year-to-Date > \$ 414.80		
Full Name, Mailing Address, and ZIP Code SORRENTINO RONALD J. 106 Spring Bud 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) 05/15/2001	Amount of Each Receipt this Period 23.63
	Occupation Dir. Trade/Hosp Rltns Ther Ar		
	Aggregate Year-to-Date > \$ 204.63		
Full Name, Mailing Address, and ZIP Code SORRENTINO RONALD J. 106 Spring Bud 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) 05/31/2001	Amount of Each Receipt this Period 23.63
	Occupation Dir. Trade/Hosp Rltns Ther Ar		
	Aggregate Year-to-Date > \$ 228.28		
Full Name, Mailing Address, and ZIP Code ST GEORGE JOSEPH H. Po Box 880967 San Antonio TX 78268 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 22.15
	Occupation Reg. Mgr. Fed Health System		
	Aggregate Year-to-Date > \$ 198.35		
Full Name, Mailing Address, and ZIP Code ST GEORGE JOSEPH H. Po Box 880967 San Antonio TX 78268 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 22.15
	Occupation Reg. Mgr. Fed Health System		
	Aggregate Year-to-Date > \$ 221.50		
Full Name, Mailing Address, and ZIP Code 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) 05/15/2001	Amount of Each Receipt this Period 125.00
	Occupation VP & Gm Specialty and Hmd		
	Aggregate Year-to-Date > \$ 625.00		
Full Name, Mailing Address, and ZIP Code STRAIGHT SAMUEL L. 1333 Adams Mountain Rd Raleigh NC 27614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 36.35
	Occupation Grp. Dir. Corporate Purchasing		
	Aggregate Year-to-Date > \$ 320.31		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	35 / 49
				FOR LINE NUMBER	11A1
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)					
Full Name, Mailing Address, and ZIP Code STRAIGHT SAMUEL L. 1333 Adams Mountain Rd Raleigh NC 27614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Grp. Dir. Corporate Purchasing Aggregate Year-to-Date > \$ 358.68	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 36.35		
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline Occupation Sr. VP Technical Operations Aggregate Year-to-Date > \$ 520.85	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 104.17		
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline Occupation Reg. Sales Dir Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 30.00		
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline Occupation Reg. Sales Dir Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 30.00		
Full Name, Mailing Address, and ZIP Code SZEMANSCO JOHN 76 Church Hill Rd Waterford NY 12188 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. District Sales Manager Aggregate Year-to-Date > \$ 210.78	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 23.42		
Full Name, Mailing Address, and ZIP Code SZEMANSCO JOHN 76 Church Hill Rd Waterford NY 12188 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. District Sales Manager Aggregate Year-to-Date > \$ 234.20	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 23.42		
Full Name, Mailing Address, and ZIP Code TAYLOR JANET L. 6840 Churchill Rd Mc Lean VA 22101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. District Sales Manager Aggregate Year-to-Date > \$ 182.18	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 20.24		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		36 / 49
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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)				
Full Name, Mailing Address, and ZIP Code TAYLOR JANET L. 6840 Churchl Rd Mc Lean VA 22101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Sr. District Sales Manager Aggregate Year-to-Date > \$ 202.40	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.24	
Full Name, Mailing Address, and ZIP Code THOMAS HOWARD 495 Park Ave 21st Floor New York NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Mgr. Market Development Aggregate Year-to-Date > \$ 187.34	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 21.18	
Full Name, Mailing Address, and ZIP Code THOMAS HOWARD 495 Park Ave 21st Floor New York NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Mgr. Market Development Aggregate Year-to-Date > \$ 208.52	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 21.18	
Full Name, Mailing Address, and ZIP Code TYSON TIMOTHY C. 217 Tenwood Ct Durham NC 27712 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation Executive Aggregate Year-to-Date > \$ 846.85	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 177.08	
Full Name, Mailing Address, and ZIP Code WALSH BRIAN 1 Cherrywood Dr Laffin PA 18702 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation District Sales Manager Aggregate Year-to-Date > \$ 198.72	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 22.08	
Full Name, Mailing Address, and ZIP Code WALSH BRIAN 1 Cherrywood Dr Laffin PA 18702 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GlaxoSmithKline Occupation District Sales Manager Aggregate Year-to-Date > \$ 220.80	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 22.08	
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer GlaxoSmithKline Occupation Dir. Federal Govt Relations I Aggregate Year-to-Date > \$ 234.87	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 27.33	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	37 / 49
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)					
Full Name, Mailing Address, and ZIP Code WALSH SARAH J. 5885 Melean Province Cir Falls Church VA 22043		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 27.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Dir. Federal Govt Relations I			
		Aggregate Year-to-Date > \$ 262.20			
Full Name, Mailing Address, and ZIP Code WHEELER WESLEY P. Glaxo Wellcome Stockley Park West England ZZ 00000		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	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 > \$ 533.35			
Full Name, Mailing Address, and ZIP Code WHITAKER JANICE M. 208 Beckley Ct Raleigh NC 27615		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 106.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP & Vw Dir Quality & Tech Svc			
		Aggregate Year-to-Date > \$ 541.65			
Full Name, Mailing Address, and ZIP Code WILLIAMS CHARLES G. 6208 Trevor Ct Raleigh NC 27613		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	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 > \$ 239.62			
Full Name, Mailing Address, and ZIP Code WILLIAMS CHARLES G. 6208 Trevor Ct Raleigh NC 27613		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	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 > \$ 267.26			
Full Name, Mailing Address, and ZIP Code WILLIAMS JAMES L. 6414 Inveness Way Chapel Hill NC 27516		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/15/2001	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 > \$ 243.62			
Full Name, Mailing Address, and ZIP Code WILLIAMS JAMES L. 8414 Inveness Way Chapel Hill NC 27516		Name of Employer GlaxoSmithKline		Date (month, day, year) 05/31/2001	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 > \$ 270.90			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		38 / 49
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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)				
Full Name, Mailing Address, and ZIP Code WIRTH KAREN P. 1428 Hatherleigh Ct Raleigh NC 27612	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 29.58	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Product Mgr.	Aggregate Year-to-Date > \$ 228.60		
Full Name, Mailing Address, and ZIP Code WIRTH KAREN P. 1428 Hatherleigh Ct Raleigh NC 27612	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 29.58	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Product Mgr.	Aggregate Year-to-Date > \$ 256.18		
Full Name, Mailing Address, and ZIP Code YASICK MICHAEL E. 4 Amherst Avenue England ZZ 00000	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 49.42	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive	Aggregate Year-to-Date > \$ 241.34		
Full Name, Mailing Address, and ZIP Code YOST ELIZABETH A. 10350 S Hollis Ln Olathe KS 66061	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 24.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. Prof Affairs	Aggregate Year-to-Date > \$ 219.60		
Full Name, Mailing Address, and ZIP Code YOST ELIZABETH A. 10350 S Hollis Ln Olathe KS 66061	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 24.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Mgr. Prof Affairs	Aggregate Year-to-Date > \$ 244.00		
Full Name, Mailing Address, and ZIP Code ZIEGLER JOHN B 415 PINE ST PHILADELPHIA PA 19106	Name of Employer GlaxoSmithKline	Date (month, day, year) 05/29/2001	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 > \$ 430.76		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				8118.83

SCHEDULE A		ITEMIZED RECEIPTS		39 / 49
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 12	
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)				
Full Name, Mailing Address, and ZIP Code SmithKline Beecham Corporation Good Govt Fund One Franklin Plaza Philadelphia PA 19101	Name of Employer Occupation	Date (month, day, year) 05/30/2001	Amount of Each Receipt this Period 30407.54	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 30407.54			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				30407.54

SCHEDULE B		ITEMIZED DISBURSEMENTS		40 / 49
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 28
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)				
Full Name, Mailing Address, and ZIP Code Mottley for State Rep. 1641 Longbrow Lane West Carrollton OH 45449	Purpose of Disbursement Contribution Made to Unregistered (House - OH - 11) Voided Check Reported on October Monthly Report Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/17/2001	Amount of Each Disbursement This Period -150.00	
Full Name, Mailing Address, and ZIP Code Dawnna M. Dukes Campaign P.O. Box 2910 Austin TX 78768	Purpose of Disbursement Contribution Made to Unregistered (House - OH - 55) Voided Check Reported on October Monthly Report Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/17/2001	Amount of Each Disbursement This Period -300.00	
Full Name, Mailing Address, and ZIP Code Friends of Tom Raga 6325 Eagle Ct. Mason OH 45040	Purpose of Disbursement Contribution Made to Unregistered (House - OH - 21) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 150.00	
Full Name, Mailing Address, and ZIP Code Roman for Representative 989 Archmere Drive Alron OH 44319	Purpose of Disbursement Contribution Made to Unregistered (House - OH - 48) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 150.00	
Full Name, Mailing Address, and ZIP Code Citizens for Buehrer 319 East Elm St. Wauseon OH 43567	Purpose of Disbursement Contribution Made to Unregistered (House - OH - 82) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 150.00	
Full Name, Mailing Address, and ZIP Code Citizens for Jim Jordan 1709 S. State Route 590 Urbana OH 43078	Purpose of Disbursement Contribution Made to Unregistered (Senate - OH - 12) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 150.00	
Full Name, Mailing Address, and ZIP Code Gardner for Senate 14900 Mitchell Rd. Bowling Green OH 43402	Purpose of Disbursement Contribution Made to Unregistered (Senate - OH - 21) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 150.00	
Full Name, Mailing Address, and ZIP Code Cmte to Elect Patti Clancy 4474 Woodtrail Lane Cincinnati OH 45251	Purpose of Disbursement Contribution Made to Unregistered (House - OH - 35) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 150.00	
Full Name, Mailing Address, and ZIP Code Fumo for Senate Cmte 1208 Tasker Street Philadelphia PA 19148	Purpose of Disbursement Contribution Made to Unregistered (Senate - PA - 1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/16/2001	Amount of Each Disbursement This Period 4000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	41 / 49
			FOR LINE NUMBER 28
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)			
Full Name, Mailing Address, and ZIP Code Natl Rep Cong Cmte - Non-Fed Acct. 320 1st St. SE Washington DC 20003	Purpose of Disbursement Contribution Made to Unregistered (- DC -) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Not Applicable	Date (month, day, year) 05/30/2001	Amount of Each Disbursement This Period 5000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			9450.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		44 / 49
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)				
Full Name, Mailing Address, and ZIP Code The Evan Bayh Cmte P.O. Box 40977 Indianapolis IN 46240	Purpose of Disbursement Contribution made to Non-affiliated (Senate - IN -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Hutchinson for Senate P.O. Box 998 Rogers AR 72757	Purpose of Disbursement Contribution made to Non-affiliated (Senate - AR -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 1549.00	
Full Name, Mailing Address, and ZIP Code Mike Bilirakis for Congress P.O. Box 1077 Tarpon Springs FL 34688	Purpose of Disbursement Contribution Made to Non-affiliated (House - FL - 9) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Cmte to Re-elect Marge Roukema P.O. Box 625 Ridgewood NJ 07451	Purpose of Disbursement Contribution made to Non-affiliated (House - NJ - 5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 750.00	
Full Name, Mailing Address, and ZIP Code Mikulski for Senate Cmte P.O. Box 13147 Baltimore MD 21203	Purpose of Disbursement Contribution made to Non-affiliated (Senate - MD -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Friends of Roy Blunt P.O. Box 278 Strafford MO 65757	Purpose of Disbursement Contribution made to Non-affiliated (House - MO - 7) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Margaret Ann Brier One Sterling Court Rockville MD 20850	Purpose of Disbursement In-kind Contrib Made to Reg. Filer (House - CA - 20) In-kind Contrib to Cal Dooly Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 285.70	
Full Name, Mailing Address, and ZIP Code Gucci for Congress 373 Route 111 Smithtown NY 11787	Purpose of Disbursement Contribution made to Non-affiliated (House - NY - 1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Faltah for Congress 7478 Rhodes St. Suite A Philadelphia PA 19151	Purpose of Disbursement Contribution made to Non-affiliated (House - PA - 2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	45 / 49
			FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code Mark Green for Congress P.O. Box 12571 Green Bay WI 54307	Purpose of Disbursement Contribution made to Non-affiliated (House - WI - 6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Friends of John Peterson 114 W. State St. P.O. Box 295 Pleasantville PA 16341	Purpose of Disbursement Contribution made to Non-affiliated (House - PA - 5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 5000.00
Full Name, Mailing Address, and ZIP Code Dave Camp for Congress 5915 Eastman Ave. #100 Midland MI 48640	Purpose of Disbursement Contribution made to Non-affiliated (House - MI - 4) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Hastler for Congress Cmte P.O. Box 625 Batavia IL 60510	Purpose of Disbursement Contribution made to Non-affiliated (House - IL - 14) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 5000.00
Full Name, Mailing Address, and ZIP Code Gibbons for Congress 542 1/2 Plumas St. Reno NV 89509	Purpose of Disbursement Contribution made to Non-affiliated (House - NV - 2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Pat Roberts for Senate Cmte Box 433 Great Bend KS 67530	Purpose of Disbursement Contribution made to Non-affiliated (Senate - KS -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Hulshof for Congress P.O. Box 1621 Columbia MO 65205	Purpose of Disbursement Contribution made to Non-affiliated (House - MO - 5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Wally Herger for Congress Cmte P.O. Box 1500 Chico CA 95927	Purpose of Disbursement Contribution made to Non-affiliated (House - CA - 2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Friends of Sessions for Senate Cmte P.O. Box 4278 Montgomery AL 36103	Purpose of Disbursement Contribution made to Non-affiliated (Senate - AL -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 1000.00

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SCHEDULE B		ITEMIZED DISBURSEMENTS		46 / 49
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)				
Full Name, Mailing Address, and ZIP Code Margaret Ann Brier One Sterling Court Rockville MD 20850	Purpose of Disbursement In-kind Contrib Made to Reg. Filer In-Kind State of Md Hutchinson Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 451.00	
Full Name, Mailing Address, and ZIP Code Democratic Senatorial Camp. Cmte 430 S Capitol St. SE Washington DC 20003	Purpose of Disbursement Contribution made to Non-affiliated (- DC -) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Not Applicable	Date (month, day, year) 05/15/2001	Amount of Each Disbursement This Period 15000.00	
Full Name, Mailing Address, and ZIP Code Dick Arney for Congress P.O. Box 85 Lewisville TX 75067	Purpose of Disbursement Contribution made to Non-affiliated (House - TX - 26) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/16/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Fletcher for Congress P.O. Box 4703 Lexington KY 40544	Purpose of Disbursement Contribution made to Non-affiliated (House - KY - 6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/16/2001	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Christopher Cox Congressional Cmte P.O. Box 8088-C Newport Beach CA 92658	Purpose of Disbursement Contribution made to Non-affiliated (House - CA - 47) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/23/2001	Amount of Each Disbursement This Period 350.00	
Full Name, Mailing Address, and ZIP Code Citizens for Arlen Specter 226 N. Alfred Street Alexandria VA 22314	Purpose of Disbursement Contribution made to Non-affiliated (Senate - PA -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/30/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Henry J. Hyde for Congress Cm- te P.O. Box 332 Des Plaines IL 60016	Purpose of Disbursement Contribution made to Non-affiliated (House - IL - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/30/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Henry J. Hyde for Congress Cm- te P.O. Box 332 Des Plaines IL 60016	Purpose of Disbursement Contribution made to Non-affiliated (House - IL - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/30/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Pat Roberts for Senate Cmte Box 433 Great Bend KS 67530	Purpose of Disbursement Contribution made to Non-affiliated (Senate - KS -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/30/2001	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER
23

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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 Contribution made to Non-affiliated (Senate - KS - 1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year)	Amount of Each Disbursement This Period
Pat Roberts for Senate Cmte Box 433 Great Bend KS 67530		05/30/2001	2000.00
Burr for Congress Cmte P.O. Box 5928 Winston-Salem NC 27113		05/30/2001	3948.60
Wayne Allard for US Senate P.O. Box 32 Loveland CO 80539		05/30/2001	1000.00
Mike Bilirakis for Congress P.O. Box 1077 Tarpon Springs FL 34688		05/30/2001	1000.00
Friends of Jim Inhofe P.O. Box 13300 Oklahoma City OK 73113		05/30/2001	2000.00
Dreier for Congress Cmte P.O. Box 1110 Covina CA 91722		05/30/2001	1000.00
Friends of Cliff Stearns P.O. Box 308 Silver Springs FL 32688		05/30/2001	1000.00
Frelinghuysen for Congress P.O. Box 826 Morristown NJ 07960		05/30/2001	750.00
Friends of Sherwood Boehlert Cmte P.O. Box C Utica NY 13503		05/30/2001	1000.00

SUBTOTALS of Disbursements This Page (Optional)

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SCHEDULE B		ITEMIZED DISBURSEMENTS		49 / 49
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) SmithKline Beecham Corp. PAC (GlaxoSmithKline PAC)				
Full Name, Mailing Address, and ZIP Code Capitol Hill Club 300 First Street S.E. Washington DC 20003	Purpose of Disbursement In-kind Contrib Made to Reg. Filer In-Kind (House - CA - 5) Catering Gerald C. Weller Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/30/2001	Amount of Each Disbursement This Period 570.00	
Full Name, Mailing Address, and ZIP Code Janie Ann Kinney 4825 Quebec Street N.W. Washington DC 20016	Purpose of Disbursement In-kind Contrib Made to Reg. Filer In-Kind (House - DC - 25) Dining Room for K. Arney Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/30/2001	Amount of Each Disbursement This Period 314.70	
Full Name, Mailing Address, and ZIP Code Bob Matsui for Congress Cmte 555 Capitol Mall #1425 Sacramento CA 95814	Purpose of Disbursement Contribution made to Non-affiliated (House - CA - 5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/30/2001	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				100231.02