FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		See instructions)	ION		
				Office use only	
NAME OF COMMITTEE (in a		ck if name Inged)	Example: If typying, type over the lines	12FE4M5	
SmithKline Be	echam Corporation P	olitical Action	Committee (GlaxoSmit	nK-	Ш
	1111111				
ADDRESS (number and s	street) Five Mooi	e Drive			
(Check if addre	P.O. Box	13358			
is changed)	Res. Triar	igle Park		NC 27709 - 1	Ш
00144177770	L ADDD500	CIT	Υ▲	STATE▲ ZIP CODE ▲	
COMMITTEE'S E-MAI					
					
		سسس			
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
N/A	1111111				لــــــــــــــــــــــــــــــــــــــ
COMMITTEE'S FAX N 919-483-2963	IUMBER				
2. DATE 0 3	1	0 7			
3. FEC IDENTIFICATION NUMBER C C00199703					
4. IS THIS STATEM	ENT NEW (N)	OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and to the	best of my knowled	ge and belief it is true, correct ar	d complete	
Type or Print Name of	Treasurer David	Miller			
Signature of Treasurer	Electronically Filed by	David Miller		Date 03 / D D / Y Y O	0 7
NOTE: Submission of fall	·	-	oject the person signing this State	ement to the penalties of 2 U.S.C. S437g. NITHIN 10 DAYS	
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		

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5.	TYPE OF COMMITTEE (Che	ck One)					
	(a) This committee	e is a principal campaign committe	ee. (Complete the ca	andidate information	below.)		
	(b) This committee information be	e is an authorized committee, and low.)	is NOT a principal of	campaign committee	. (Complete the c	andidate	
	Name of Candidate						ш
	Candidate Party Affiliation	Office Sought:	House	Senate	President	State District	
	(c) This committee	e supports/opposes only one candi	date, and is NOT ar	authorized committ	ee.		
	Name of Candidate						Ш
	(d) This committee		tional, State subordinate) commit	tee of the		emocratic, publican,etc.) P	arty.
	(e) X This committee	e is a separate segregated fund					
	(f) This committee committee.	e supports/opposes more than one	Federal candidate,	and is NOT a separ	ate segregated fu	nd or party	
ŝ.	Name of Any Connected Or	ganization or Affiliated Commit	tee				
	SmithKline Beecham Co	prporation (DBA GlaxoSmit	hKline)				ш
L							ш
	Mailing Address	Five Moore Di	rive				
							ш
		Res. Triangle	Park	NC	27	709	لــــا
		CITY	k	STATE	A	ZIP CODE 🛦	
	Relationship Co	nnected					ш
	Type of Connected Organization:						
	X Corporation	Corporati	on w/o Capital Stock	· _	Labor Organizati	ion	
	Membership Organiz	ration Trade As	sociation		Cooperative		

		93)		Page 3		
		and a Baltita I Aarlan Oamailia	(Olassa Ossalli Kilisa BAO)			
				the nersen in		
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.					
Full Name	Marta Smit	i h				
Mailing Address		1500 K Street N.W.				
		Suite 650				
		Washington	DC	20005		
Title or Position ▼		CITY A	STATE▲	ZIP CODE A		
F	PAC Manager		Z02 Telephone number	715		
Tressurer: List	the name and	address (phone number optional)	of the treasurer of the comm	nittee: and the		
				mittee, and the		
Full Name of Treasurer	David Mille	er				
Mailing Address		Five Moore Drive				
		Res. Triangle Park	NC_	27709		
Title or Position ♥		CITY 🛦	STATE▲	ZIP CODE A		
1	reasurer -		Telephone number 919	483 2935		
Full Name of						
Designated Agent	Dick J. Do	mann				
Mailing Address		Five Moore Drive				
		Res. Triangle Park	NC	27709 _		
Title or Position ▼		CITY A		ZIP CODE A		
	Title or Position Title or Position Full Name Mailing Address Title or Position Full Name of Treasurer Mailing Address Title or Position Full Name of Treasurer Mailing Address	Treasurer: List the name and name and address of any desiral Mailing Address Full Name of Treasurer Mailing Address Title or Position ▼ Treasurer: List the name and name and address of any desiral Mailing Address Full Name of Treasurer Title or Position ▼ Title or Position ▼ David Mille Mailing Address Full Name of Treasurer Title or Position ▼ Treasurer Full Name of Designated Agent Dick J. Dor	SmithKline Beecham Corporation Political Action Committee Custodian of Records: Identify by name, address, (phone number possession of Committee books and records. Full Name Marta Smith Mailing Address 1500 K Street N.W. Suite 650 Washington Title or Position ▼ CITY ▲ PAC Manager Treasurer: List the name and address (phone number optional) name and address of any designated agent (e.g., assistant treasurent price of Treasurent price of Treasurent price of Treasurent price of Designated Agent Treasurer Full Name of Designated Agent Mailing Address Five Moore Drive Five Moore Drive	Arrite or Type Committee Name SmithKline Beecham Corporation Political Action Committee (GlaxoSmithKline PAC) Custodian of Records: Identify by name, address, (phone number optional), and position of possession of Committee books and records. Full Name Marta Smith Mailing Address 1500 K Street N.W. Suite 650 Washington DC Title or Position ▼ CITY A STATE A Treasurer: List the name and address (phone number optional) of the treasurer of the commander and address of any designated agent (e.g., assistant treasurer). Full Name of Desition ▼ CITY A STATE A Treasurer NC Triangle Park NC Five Moore Drive Five Moore Drive Res. Triangle Park NC Res. Triangle Park NC		

919

Telephone number

483

2549

Assistant Treasurer

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.				
	Name of Bank, Depository, etc.				
	Mechar	nics and Farmers Bank			
	Mailing Address	P.O. Box 1932			
		Durham NC 2770	02 _		

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

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Banks or Other Depositor safety deposit boxes or main	ntains funds.	
Name of Bank, Depository,	etc.	[ADDITIONAL]
Mailing Address		
	CITY △ STATE △	ZIP CODE 🛆
Name of Any Connected	Organization or Affiliated Committee	[ADDITIONAL]
	<u> </u>	
Mailing Address		
Walling Address		
	CITY A STATE A	ZIP CODE A
Relationship	CITY A STATE A	ZIP CODE A
Relationship Type of Connected Organiz		ZIP CODE A
	zation:	ZIP CODE A

Designated Agent [ADDITIONAL]

Full Name Sarah J	. Walsh		
Mailing Address	1500 K Street N.W.		
	Suite 650		
	Washington	DC	20005
Title or Position ▼	CITY A	STATE▲	ZIP CODE
Assistant T	reasurer	Telephone number	