

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full) Glaxo Wellcome Inc. PAC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Five Moore Drive P.O. Box 13358	2. FEC IDENTIFICATION NUMBER C00199703
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 checked="" type="checkbox"/> February 20 | <input 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>01/01/2001</u> through <u>01/31/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u>		128139.96
(b) Cash on Hand at Beginning of Reporting Period	128139.96	
(c) Total Receipts (from line 19)	58583.12	58583.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	186723.08	186723.08
7. Total Disbursements (from line 30)	18100.00	18100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	168623.08	168623.08
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 999 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 02/14/2001	

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

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE Glaxo Wellcome Inc. PAC		REPORT COVERING PERIOD FROM 01/01/2001 TO: 01/31/2001	
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)	400.00	400.00	11.a.i.
ii. Unitemized	58183.12	58183.12	11.a.ii.
iii. Total	58583.12	58583.12	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	58583.12	58583.12	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	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	0.00	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	58583.12	58583.12	19.
20. Total Federal Receipts	58583.12	58583.12	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	100.00	100.00	21.b.
c. Total Operating Expenditures	100.00	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	18000.00	18000.00	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	0.00	0.00	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	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	18100.00	18100.00	30.
31. Total Federal Disbursements	18100.00	18100.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	58583.12	58583.12	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	58583.12	58583.12	34.
35. Total Federal Operating Expenditures	100.00	100.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	100.00	100.00	37.

SCHEDULE A		ITEMIZED RECEIPTS		3 / 4
		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) Glaxo Wellcome Inc. PAC				
Full Name, Mailing Address, and ZIP Code FELIX PAMELA A Five Moore Drive Res. Triangle Park NC 27709 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc. Occupation EXECUTIVE Aggregate Year-to-Date > 5 200.00	Date (month, day, year) 01/15/2001	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code FELIX PAMELA A Five Moore Drive Res. Triangle Park NC 27709 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glaxo Wellcome Inc. Occupation EXECUTIVE Aggregate Year-to-Date > 8 400.00	Date (month, day, year) 01/31/2001	Amount of Each Receipt this Period 200.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				400.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		4 / 4
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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) Glaxo Wellcome Inc. PAC				
Full Name, Mailing Address, and ZIP Code Nelson 2000 1915 N. 121st Street Suite B Omaha NE 68154	Purpose of Disbursement Contribution made to Non-affiliated (Senate - NE -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/19/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Re-Elect Nancy Johnson to Congress P.O. Box 1986 New Britain CT 06050	Purpose of Disbursement Contribution made to Non-affiliated (House - CT - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/19/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Carper for Senate 2000 240 N. James Street Suite 100A Wilmington DE 19804	Purpose of Disbursement Contribution made to Non-affiliated (Senate - DE -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/19/2001	Amount of Each Disbursement This Period 5000.00	
Full Name, Mailing Address, and ZIP Code Grassley Cmte P.O. Box 1000 Des Moines IA 50304	Purpose of Disbursement Contribution made to Non-affiliated (Senate - IA -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/19/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Bill Nelson for US Senate P.O. Box 10662 Tallahassee FL 32302	Purpose of Disbursement Contribution made to Non-affiliated (Senate - FL -) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Debt Ret General	Date (month, day, year) 01/19/2001	Amount of Each Disbursement This Period 5000.00	
Full Name, Mailing Address, and ZIP Code Simmons for Congress 12 Roosevelt Ave. Box 4 Mystic CT 06355	Purpose of Disbursement Contribution made to Non-affiliated (House - CT - 2) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Debt Ret General	Date (month, day, year) 01/19/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Senator John Warner Cmte P.O. Box 3536 Merrifield VA 22116	Purpose of Disbursement Contribution made to Non-affiliated (Senate - VA -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/19/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Friends of Mary Landrieu 203 Carondelet St. Suite 630 New Orleans LA 70130	Purpose of Disbursement Contribution made to Non-affiliated (Senate - LA -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/19/2001	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)			18000.00	