

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

SmithKline Beecham Corporation Political Action Committee (GlaxoSmithKline PAC)

ADDRESS (Home or street) Five Moore Drive

(Check if address is changed) P.O. Box 1335B

Research Triangle NC 27709

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
cfs@pass1.com; m7663@gsk.com; mlb29590@gsk.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
Not applicable

2. DATE 02 / 27 / 2002

3. FEC IDENTIFICATION NUMBER C00199703

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Gary Salamido

Signature of Treasurer Electronically Filed by Gary Salamido Date 02 / 27 / 2002

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate	Office				State
Party Affiliation	Sought:	House	Senate	President	District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

SmithKline Beecham Corporation (DBA GlaxoSmithKline) _____

Mailing Address _____

Research Triangle _____ NC _____ 27709 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ Connected _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

SmithKline Beecham Corporation Political Action Committee (GlaxoSmithKline PAC)

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Megan Brier**

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

Suite 650

Washington DC 20005

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

Telephone number _____ - _____ - _____

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Gary Salamido**

Mailing Address **Five Moore Drive**

Research Triangle NC 27709

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

Telephone number _____ - _____ - _____

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

Mailing Address **Five Moore Drive**

B-3154 Bide Building

Research Triangle NC 27709

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

Telephone number _____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mechanics and Farmers Bank

Mailing Address

P.O. Box 1932

Durham

NC

27702 -

CITY Δ

STATE Δ

ZIP CODE Δ

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name Sarah J. Walsh

Mailing Address 1500 K Street N.W.

Suite 650

Washington

DC

20005

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant Treasurer

Telephone number _____ - _____ - _____