1. NAME OF COMMITTEE (in full)  GlaxoSmithKline LLC PAC (GSK PAC)

ADDRESS (number and street)  Five Moore Drive

CITY  NC

STATE  27709

ZIP CODE  

COMMITTEE'S E-MAIL ADDRESS  GSKPAC@720Strategies.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  

2. DATE  07/05/2016

3. FEC IDENTIFICATION NUMBER  C00199703

4. IS THIS STATEMENT  NEW (N)  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  Denise James Gatling

Signature of Treasurer  Denise James Gatling  [Electronically Filed]  Date  07/13/2016 12:21

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.
5. TYPE OF COMMITTEE

### Candidate Committee:

(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.)

<table>
<thead>
<tr>
<th>Name of Candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Candidate Party Affiliation</th>
<th>Office Sought:</th>
<th>House</th>
<th>Senate</th>
<th>President</th>
<th>State</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Party Committee:

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

### Political Action Committee (PAC):

(e) [x] This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

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

In addition, this committee is a Lobbyist/Registrant PAC.

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

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

### Joint Fundraising Representative:

(g) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

<table>
<thead>
<tr>
<th>Committees Participating in Joint Fundraiser</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
</tbody>
</table>
Write or Type Committee Name

GlaxoSmithKline LLC PAC (GSK PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

GlaxoSmithKline LLC

Mailing Address

Five Moore Drive

Res. Triangle Park

NC 27709

CITY STATE ZIP CODE

Relationship: [X] Connected Organization [ ] Affiliated Committee [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

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

Sherry C Smith

Mailing Address

1050 K Street, NW

Suite 800

Washington

DC 20001-4450

Title or Position

CITY STATE ZIP CODE

Custodian of Records

Telephone number 202 - 715 - 1019

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

Denise James Gatling

Mailing Address

Five Moore Drive

Res. Triangle Park

NC 27709-0143

CITY STATE ZIP CODE

Title or Position Treasurer

Telephone number 919 - 349 - 8834


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**

   **Mailing Address**
   
   PO Box 1932

   Durham, NC 27702

   **CITY**
   **STATE**
   **ZIP CODE**