STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (In full) X Glaxo SmithKline Beecham Corporation Political Action Committee (GlaxoSmithKline PAC)

ADDRESS (Street and number)

Five Moore Drive

P.O. Box 13358

Research Triangle Park, NC 27709

COMMITTEE'S E-MAIL ADDRESS

cfs@pass1.com; c7688@gsk.com; mlb2909@gsk.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

Not applicable

DATE 04/16/2001

3. FEC IDENTIFICATION NUMBER C00199703

4. IS THIS STATEMENT X 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 ___________________________ Date 04/16/2001

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

Office Use Only

FEC FROM 1
(Revised 1/2001)
5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

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

Name of Candidate

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

Name of Candidate

(d) This committee is a (National, State (Democratic, Republican, etc.) Party)

(or subordinate) committee of the

(e) X 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.

B. Name of Any Connected Organization or Affiliated Committee

SmithKline Beecham Corporation (DBA GlaxoSmithKline)

Mailing Address

One Franklin Plaza

Philadelphia, PA 19102

Relationship

Connected

Type of Connected Organization:

X Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative
Write or Type Committee Name

Glaxo 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: 1560 K Street N.W. Suite 650

Washington, DC 20005

Title or Position: 

PAC Manager

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 22709

Title or Position: 

Treasurer

Telephone number: _______ – _______ – _______

Full Name of Designated Agent: James Williams

Mailing Address: Five Moore Drive

Research Triangle, NC 22709

Title or Position: 

Assistant Treasurer

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.

<table>
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<th>Mechanics and Farmers Bank</th>
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<tr>
<td><strong>Mailing Address</strong></td>
</tr>
<tr>
<td>P.O. Box 1932</td>
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<tr>
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</tr>
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<td>Durham</td>
</tr>
<tr>
<td>NC</td>
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<td>27702</td>
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</tbody>
</table>

| CITY □ | STATE □ | ZIP CODE □ |
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

[ADDITIONAL]

Name of Any Connected Organization or Affiliated Committee

SmithKline Beecham Corporation Good Government Fund

Mailing Address

One Franklin Plaza

P.O. Box 7529

Philadelphia  PA  19101

[ADDITIONAL]

Relationship

Affiliated

Type of Connected Organization:

Corporation  Corporation w/o Capital Stock  Labor Organization

Membership Organization  Trade Association  Cooperative
Designated Agent

[ ADDITIONAL ]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

______________________________

Telephone number ▲ ▲ ▲