FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) [Check if name is changed] Example: If typing, type over the lines.
   GlaxoSmithKline LLC PAC (GSK PAC)

ADDRESS (number and street) (Check if address is changed)
   Five Moore Drive
   PO Box 13358
   Res. Triangle Park
   NC 27709

COMMITTEE’S E-MAIL ADDRESS (Check if address is changed)
   GSKPAC@720Strategies.com

Optional Second E-Mail Address

COMMITTEE’S WEB PAGE ADDRESS (URL) (Check if address is changed)

2. DATE
   07/05/2016

3. FEC IDENTIFICATION NUMBER (Check)
   C00199703

4. IS THIS STATEMENT [Check]
   NEW (N) OR AMENDED (A)
   ☑ 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
   Edge, Heather,

Signature of Treasurer
   Edge, Heather,

[Electronically Filed] Date
   01/10/2019

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.)

Name of Candidate

Candidate Party Affiliation [ ]

Office Sought: [ ] House [ ] Senate [ ] President

State

District

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

Name of Candidate

Party Committee:

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

Political Action Committee (PAC):

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

[ ] 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.

Committees Participating in Joint Fundraiser

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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: ☒ 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

Smith, Sherry, C.,

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

Edge, Heather, ,

Mailing Address

313 Charleston Dr

Clayon NC 27527

CITY STATE ZIP CODE

Title or Position

Treasurer

Telephone number 919-274-0676
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.

| Full Name of Designated Agent | Schuyler, William, J. |
| Mailing Address | 5 Crescent Drive |
| | Philadelphia, PA 19112 |
| Title or Position | Assistant Treasurer |
| Telephone number | 202-715-1020 |

**Mechanics and Farmers**

| Mailing Address | PO Box 1932 |
| | Durham, NC 27702 |

Name of Bank, Depository, etc.