FEC FORM 1
STATEMENT OF ORGANIZATION

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: Five Moore Drive

P.O. Box 13358
Res. Triangle Park NC 27709

COMMITTEE'S E-MAIL ADDRESS

cfe@pass1.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER


2. DATE

01 10 2006

3. FEC IDENTIFICATION NUMBER

C00199703

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

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 J. Salamido

Signature of Treasurer

Electronically Filed by Gary J. Salamido Date 01 10 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 543Tg.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

FEC FORM 1
(Revised 02/2005)
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.)

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

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

(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.

6. **Name of Any Connected Organization or Affiliated Committee**

| SmithKline Beecham Corporation (DBA GlaxoSmithKline) |

<table>
<thead>
<tr>
<th>Mailing Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Five Moore Drive</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Res, Triangle Park</th>
<th>NC</th>
<th>27709</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Relationship</th>
</tr>
</thead>
</table>

| Connected |

| Type of Connected Organization: |

<table>
<thead>
<tr>
<th>Corporation</th>
<th>Corporation w/o Capital Stock</th>
<th>Labor Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Organization</td>
<td>Trade Association</td>
<td>Cooperative</td>
</tr>
</tbody>
</table>
FEC Form 1 (Revised 02/2003)  

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 L. Brier
Mailing Address: 1500 K Street N.W.
Suite 650
Washington, DC 20005
Title or Position: CITY □ STATE □ ZIP CODE □
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 J. Salamido
Mailing Address: Five Moore Drive
Res. Triangle Park, NC 27709
Title or Position: CITY □ STATE □ ZIP CODE □
Treasurer
Telephone number ______ - ______ - ______

Full Name of Designated Agent: Dick J. Domann
Mailing Address: Five Moore Drive
Res. Triangle Park, NC 27709
Title or Position: CITY □ STATE □ ZIP CODE □
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.

Mechanics and Farmers Bank

Mailing Address

P.O. Box 1932

Durham, NC 27702

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

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: Assistant Treasurer

City: A

State: A

Zip Code: A

Telephone number: ___________ - ___________ - ___________