STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE IN FULL
   Glaxo Wellcome Inc. Political Action Committee

2. DATE
   12/12/2000

3. FEC IDENTIFICATION NUMBER
   C-00199703

4. IS THIS STATEMENT AN AMENDMENT?
   YES
   NO

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 Party Affiliation | Office Sought | State/District

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

   (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee
   Glaxo Wellcome Inc.

   Mailing Address and ZIP Code
   Five Moore Drive
   Research Triangle Park, NC 27709

   Relationship
   Connected

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, NW, Suite 650
   Washington, DC 20005
   Title or Position
   PAC Manager

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
   Gary Salamido
   Mailing Address
   Five Moore Drive
   Research Triangle Park, NC 27709
   Title or Position
   Treasurer
   James Williams
   Mailing Address
   Five Moore Drive
   Research Triangle Park, NC 27709
   Title or Position
   Assistant Treasurer

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 and ZIP Code
   P.O. Box 1932
   Durham, NC 27702

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

DATE
12/15/2000

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.
### ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<table>
<thead>
<tr>
<th>Method of Delivery</th>
<th>Date of Receipt</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Hand Delivered</td>
<td>12-20-xx</td>
</tr>
<tr>
<td>☐ First Class Mail</td>
<td>POSTMARKED</td>
</tr>
<tr>
<td>☐ Registered/Certified Mail</td>
<td>POSTMARKED (R/C)</td>
</tr>
<tr>
<td>☐ No Postmark</td>
<td></td>
</tr>
<tr>
<td>☐ Postmark Illegible</td>
<td></td>
</tr>
</tbody>
</table>

- Received from the House office of Records and Registration
- Received from the Senate Office of Public Records
- Other (Specify):
- Electronic Filing

☑ Electronic Filing

PREPARER: [Signature]  
DATE PREPARED: 12-20-xx

(6/2000)