

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

GlaxoSmithKline LLC PAC (GSK PAC)

ADDRESS (number and street) Five Moore Drive P.O. Box 13358

Check if different than previously reported. (ACC)

Research Triangle NC 27709

2. **FEC IDENTIFICATION NUMBER** C00199703

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input checked="" type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Miller

Signature of Treasurer Electronically Filed by David Miller Date 04 16 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
GlaxoSmithKline LLC PAC (GSK PAC)

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		139189.11
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	196949.36									
(c) Total Receipts (from Line 19) .....	62839.31	189778.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	259788.67	328967.81								
7. Total Disbursements (from Line 31) .....	85452.94	154632.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	174335.73	174335.73								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

GlaxoSmithKline LLC PAC (GSK PAC)

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	4034.48	5938.14
(ii) Unitemized .....	58804.83	183824.59
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	62839.31	189762.73
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	15.97
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	62839.31	189778.70
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	62839.31	189778.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	62839.31	189778.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	950.94	3615.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	950.94	3615.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	84500.00	144500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	2.00	17.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	2.00	17.00
29. Other Disbursements.....	0.00	6500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	85452.94	154632.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85452.94	154632.08

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	62839.31	189778.70
34. Total Contribution Refunds (from Line 28(d)) .....	2.00	17.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	62837.31	189761.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	950.94	3615.08
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	950.94	3615.08

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) John M Baldoni		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address 709 Swedeland Rd.		<b>Transaction ID:</b> A2010-587472		
	City King of Prussia	State PA	Zip Code 19406	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GlaxoSmithKline LLC	Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
240.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Richard J Barbato		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address 5 Moore Drive		<b>Transaction ID:</b> A2010-586746		
	City Research Triangle	State NC	Zip Code 27709	Amount of Each Receipt this Period 38.28	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GlaxoSmithKline LLC	Occupation Regional VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
229.68

<b>C.</b>	Full Name (Last, First, Middle Initial) Christian A Bigsby		Date of Receipt MM / DD / YYYY 03 / 05 / 2010		
	Mailing Address 5 Moore Drive		<b>Transaction ID:</b> A2010-583032		
	City Research Triangle	State NC	Zip Code 27709	Amount of Each Receipt this Period 45.19	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GlaxoSmithKline LLC	Occupation Dir Real EstateAmericas&Pacif	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
272.81

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	123.47
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

A. Form/Schedule : **SA11AI**

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Christian A Bigsby		Date of Receipt	
	Mailing Address 5 Moore Drive		M M / D D / Y Y Y Y Y 03 / 19 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-586745
	Research Triangle	NC	27709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		45.19	
Name of Employer GlaxoSmithKline LLC		Occupation Dir Real EstateAmericas&Pacif		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 318.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank Bilotta		Date of Receipt	
	Mailing Address 630 Park Ave.		M M / D D / Y Y Y Y Y 03 / 05 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-580956
	King of Prussia	PA	19406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.56	
Name of Employer GlaxoSmithKline LLC		Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 207.80		

<b>C.</b>	Full Name (Last, First, Middle Initial) Frank Bilotta		Date of Receipt	
	Mailing Address 630 Park Ave.		M M / D D / Y Y Y Y Y 03 / 19 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-584685
	King of Prussia	PA	19406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.56	
Name of Employer GlaxoSmithKline LLC		Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.36		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	128.31
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

A.

Full Name (Last, First, Middle Initial)  
Dawn L Brehm

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC Regional VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 209.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: A2010-582785

Amount of Each Receipt this Period  
41.98

B.

Full Name (Last, First, Middle Initial)  
Dawn L Brehm

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC Regional VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 251.88

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 1 0

Transaction ID: A2010-586498

Amount of Each Receipt this Period  
41.98

C.

Full Name (Last, First, Middle Initial)  
James M Campolongo

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC Area/Segment VP-A

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: A2010-582699

Amount of Each Receipt this Period  
72.41

SUBTOTAL of Receipts This Page (optional) .....

156.37

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) James M Campolongo		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address 5 Moore Drive		<b>Transaction ID:</b> A2010-586412		
	City Research Triangle	State NC	Zip Code 27709	Amount of Each Receipt this Period 72.41	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GlaxoSmithKline LLC	Occupation Area/Segment VP-A			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 398.25			

<b>B.</b>	Full Name (Last, First, Middle Initial) Adrianna L Carter		Date of Receipt MM / DD / YYYY 03 / 05 / 2010		
	Mailing Address 5 Moore Drive		<b>Transaction ID:</b> A2010-582023		
	City Research Triangle	State NC	Zip Code 27709	Amount of Each Receipt this Period 46.65	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GlaxoSmithKline LLC	Occupation VP US Legal Ops Bus Reg			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 233.25			

<b>C.</b>	Full Name (Last, First, Middle Initial) Adrianna L Carter		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address 5 Moore Drive		<b>Transaction ID:</b> A2010-585741		
	City Research Triangle	State NC	Zip Code 27709	Amount of Each Receipt this Period 46.65	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GlaxoSmithKline LLC	Occupation VP US Legal Ops Bus Reg			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 279.90			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	165.71
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Martha A Corder	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 200 N. 16th Street	<b>Transaction ID:</b> A2010-584764
	City Philadelphia State PA Zip Code 19102	Amount of Each Receipt this Period 33.35
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: Sr Product Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.10	

<b>B.</b>	Full Name (Last, First, Middle Initial) John F DelGiorno	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 5 Moore Drive	<b>Transaction ID:</b> A2010-582021
	City Research Triangle State NC Zip Code 27709	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: VP Prof & State Govt Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.99	

<b>C.</b>	Full Name (Last, First, Middle Initial) John F DelGiorno	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 5 Moore Drive	<b>Transaction ID:</b> A2010-585739
	City Research Triangle State NC Zip Code 27709	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: VP Prof & State Govt Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>433.35</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Steven W Fox		Date of Receipt MM / DD / YYYY 03 / 19 / 2010	
	Mailing Address 5 Moore Drive		<b>Transaction ID:</b> A2010-585795	
	City	State	Zip Code	Amount of Each Receipt this Period
	Research Triangle	NC	27709	36.75
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GlaxoSmithKline LLC		Occupation Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50		

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul J Fraioli		Date of Receipt MM / DD / YYYY 03 / 05 / 2010	
	Mailing Address 1500 Littleton Rd.		<b>Transaction ID:</b> A2010-583097	
	City	State	Zip Code	Amount of Each Receipt this Period
	Parsippany	NJ	07054	52.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GlaxoSmithKline LLC		Occupation VPEnt Brands Fut Team & MLP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul J Fraioli		Date of Receipt MM / DD / YYYY 03 / 19 / 2010	
	Mailing Address 1500 Littleton Rd.		<b>Transaction ID:</b> A2010-586809	
	City	State	Zip Code	Amount of Each Receipt this Period
	Parsippany	NJ	07054	52.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GlaxoSmithKline LLC		Occupation VPEnt Brands Fut Team & MLP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John P Graham

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: Regional VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.14

Date of Receipt: 03 / 19 / 2010  
Transaction ID: A2010-585727  
Amount of Each Receipt this Period: 38.19

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Paul C Graml

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: Exec Acct Mgr SP&AD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.46

Date of Receipt: 03 / 05 / 2010  
Transaction ID: A2010-583159  
Amount of Each Receipt this Period: 60.77

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Paul C Graml

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: Exec Acct Mgr SP&AD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
334.23

Date of Receipt: 03 / 19 / 2010  
Transaction ID: A2010-586871  
Amount of Each Receipt this Period: 60.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► **159.73**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) James R Hagan	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 200 N. 16th Street	<b>Transaction ID:</b> A2010-582792
	City Philadelphia State PA Zip Code 19102	Amount of Each Receipt this Period 55.49
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: VP Env Hlth & Safty Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 277.45	

<b>B.</b>	Full Name (Last, First, Middle Initial) James R Hagan	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 200 N. 16th Street	<b>Transaction ID:</b> A2010-586505
	City Philadelphia State PA Zip Code 19102	Amount of Each Receipt this Period 55.49
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: VP Env Hlth & Safty Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 332.94	

<b>C.</b>	Full Name (Last, First, Middle Initial) Karen E Hamby	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 5 Moore Drive	<b>Transaction ID:</b> A2010-581234
	City Research Triangle State NC Zip Code 27709	Amount of Each Receipt this Period 47.76
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: VP Regional Managed Mkts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 238.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>158.74</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen E Hamby		Date of Receipt																					
	Mailing Address 5 Moore Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	9		2	0	1	0														
	City State Zip Code Research Triangle NC 27709		<b>Transaction ID:</b> A2010-584957																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: GlaxoSmithKline LLC Occupation: VP Regional Managed Mkts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 286.56		47.76																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Peter K Hare		Date of Receipt																					
	Mailing Address 5 Moore Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	5		2	0	1	0														
	City State Zip Code Research Triangle NC 27709		<b>Transaction ID:</b> A2010-583979																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: GlaxoSmithKline LLC Occupation: EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 306.50		61.30																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter K Hare		Date of Receipt																					
	Mailing Address 5 Moore Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	9		2	0	1	0														
	City State Zip Code Research Triangle NC 27709		<b>Transaction ID:</b> A2010-587682																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: GlaxoSmithKline LLC Occupation: EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 367.80		61.30																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.36
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Jacob A Hartsfield		Date of Receipt
	Mailing Address 5 Moore Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 05 / 2010
	City	State	Zip Code
	Research Triangle	NC	27709
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2010-582443
Name of Employer GlaxoSmithKline LLC		Occupation VP Public Policy & Advocacy	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 49.44
		<input type="text"/> 247.20	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jacob A Hartsfield		Date of Receipt
	Mailing Address 5 Moore Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2010
	City	State	Zip Code
	Research Triangle	NC	27709
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2010-586157
Name of Employer GlaxoSmithKline LLC		Occupation VP Public Policy & Advocacy	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 49.44
		<input type="text"/> 296.64	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary A Heimberg		Date of Receipt
	Mailing Address Five Moore Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2010
	City	State	Zip Code
	Res. Triangle Park	NC	27709
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2010-588033
Name of Employer GlaxoSmithKline LLC		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 33.51
		<input type="text"/> 201.06	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 132.39
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 42  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

**A.**

Full Name (Last, First, Middle Initial)  
John T Herzog

Mailing Address Five Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238.53

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** A2010-588228

Amount of Each Receipt this Period  
43.37

**B.**

Full Name (Last, First, Middle Initial)  
Barbara M Hoffman

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC Mgr Business Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.82

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** A2010-582430

Amount of Each Receipt this Period  
59.96

**C.**

Full Name (Last, First, Middle Initial)  
Barbara M Hoffman

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC Mgr Business Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
329.78

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** A2010-586144

Amount of Each Receipt this Period  
59.96

**SUBTOTAL** of Receipts This Page (optional) ..... ► **163.29**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Kerry L Kelley		Date of Receipt	
	Mailing Address 5 Moore Drive		M M / D D / Y Y Y Y Y 03 / 19 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-586250
	Research Triangle	NC	27709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		34.23	
Name of Employer GlaxoSmithKline LLC		Occupation National Account Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.38		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Gaspar Laca		Date of Receipt	
	Mailing Address 5 Moore Drive		M M / D D / Y Y Y Y Y 03 / 05 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-581498
	Research Triangle	NC	27709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		63.28	
Name of Employer GlaxoSmithKline LLC		Occupation Account Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 263.12		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Gaspar Laca		Date of Receipt	
	Mailing Address 5 Moore Drive		M M / D D / Y Y Y Y Y 03 / 19 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-585218
	Research Triangle	NC	27709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		63.28	
Name of Employer GlaxoSmithKline LLC		Occupation Account Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 326.40		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.79
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas R Laughery		Date of Receipt	
	Mailing Address 5 Moore Drive		M M / D D / Y Y Y Y Y 03 / 05 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-583834
	Research Triangle	NC	27709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		43.68	
	Name of Employer GlaxoSmithKline LLC	Occupation Regional VP	Receipt For:	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		218.40		

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas R Laughery		Date of Receipt	
	Mailing Address 5 Moore Drive		M M / D D / Y Y Y Y Y 03 / 19 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-587539
	Research Triangle	NC	27709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		43.68	
	Name of Employer GlaxoSmithKline LLC	Occupation Regional VP	Receipt For:	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		262.08		

<b>C.</b>	Full Name (Last, First, Middle Initial) Jan C Lyons		Date of Receipt	
	Mailing Address 200 N. 16th Street		M M / D D / Y Y Y Y Y 03 / 19 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-587531
	Philadelphia	PA	19102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		39.42	
	Name of Employer GlaxoSmithKline LLC	Occupation Dir Tax Audit & Litigation	Receipt For:	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		236.52		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	126.78
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 42  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kim I Marburger

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: Area/Segment VP-B

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.18

Date of Receipt: 03 / 19 / 2010  
**Transaction ID: A2010-587187**  
Amount of Each Receipt this Period: 34.53

**B.** Full Name (Last, First, Middle Initial)  
Joseph P Meier

Mailing Address 200 N. 16th Street

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 302.45

Date of Receipt: 03 / 05 / 2010  
**Transaction ID: A2010-583752**  
Amount of Each Receipt this Period: 60.49

**C.** Full Name (Last, First, Middle Initial)  
Joseph P Meier

Mailing Address 200 N. 16th Street

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 362.94

Date of Receipt: 03 / 19 / 2010  
**Transaction ID: A2010-587458**  
Amount of Each Receipt this Period: 60.49

**SUBTOTAL** of Receipts This Page (optional) ..... ► 155.51

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert C Montague

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC Dir GMS Distribution

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.20

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** A2010-585886

Amount of Each Receipt this Period  
36.70

**B.** Full Name (Last, First, Middle Initial)  
David A Moules

Mailing Address 200 N. 16th Street

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC VP Pricing/Contrt Strat & Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 278.90

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** A2010-583707

Amount of Each Receipt this Period  
55.78

**C.** Full Name (Last, First, Middle Initial)  
David A Moules

Mailing Address 200 N. 16th Street

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC VP Pricing/Contrt Strat & Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 334.68

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** A2010-587413

Amount of Each Receipt this Period  
55.78

**SUBTOTAL** of Receipts This Page (optional) ..... ► **148.26**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Gregory W Peterson	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 5 Moore Drive	<b>Transaction ID:</b> A2010-585046
	City State Zip Code Research Triangle NC 27709	Amount of Each Receipt this Period 39.84
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: Regional VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 239.04	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Jeffrey L Peterson	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 5 Moore Drive	<b>Transaction ID:</b> A2010-587073
	City State Zip Code Research Triangle NC 27709	Amount of Each Receipt this Period 34.46
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: Dir Strategic Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 206.76	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel J Phelan	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 200 N. 16th Street	<b>Transaction ID:</b> A2010-582823
	City State Zip Code Philadelphia PA 19102	Amount of Each Receipt this Period 127.88
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: SVP Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 639.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>202.18</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel J Phelan		Date of Receipt	
	Mailing Address 200 N. 16th Street		M M / D D / Y Y Y Y Y 03 / 19 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-586536
	Philadelphia	PA	19102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		127.88	
Name of Employer GlaxoSmithKline LLC		Occupation SVP Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 767.28		

<b>B.</b>	Full Name (Last, First, Middle Initial) Paula J Rose		Date of Receipt	
	Mailing Address 200 N. 16th Street		M M / D D / Y Y Y Y Y 03 / 19 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-586715
	Philadelphia	PA	19102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		35.99	
Name of Employer GlaxoSmithKline LLC		Occupation Area/Segment VP-B		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.94		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Mark J Santry		Date of Receipt	
	Mailing Address 5 Moore Drive		M M / D D / Y Y Y Y Y 03 / 19 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-587040
	Research Triangle	NC	27709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		33.80	
Name of Employer GlaxoSmithKline LLC		Occupation Dir Strategy Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.80		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	197.67
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Mr. William Schuyler

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: VP Fed Gov Relations Trade

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.90

Date of Receipt: 03 / 05 / 2010  
**Transaction ID: A2010-583041**  
Amount of Each Receipt this Period: 40.38

**B.**

Full Name (Last, First, Middle Initial)  
Mr. William Schuyler

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: VP Fed Gov Relations Trade

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
242.28

Date of Receipt: 03 / 19 / 2010  
**Transaction ID: A2010-586754**  
Amount of Each Receipt this Period: 40.38

**C.**

Full Name (Last, First, Middle Initial)  
Patricia A Schwab

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: Regional VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.65

Date of Receipt: 03 / 05 / 2010  
**Transaction ID: A2010-582295**  
Amount of Each Receipt this Period: 44.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.09**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 42  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

**A.** Full Name (Last, First, Middle Initial)  
Patricia A Schwab

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC Regional VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.98

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** A2010-586010

Amount of Each Receipt this Period  
44.33

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth T Seifert

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC Dir Public Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.18

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** A2010-586164

Amount of Each Receipt this Period  
37.03

**C.** Full Name (Last, First, Middle Initial)  
Mr. William A Shore

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC Dir Community Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.86

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** A2010-586189

Amount of Each Receipt this Period  
34.81

**SUBTOTAL** of Receipts This Page (optional) ..... ► **116.17**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Steve R Sons

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: VP HR Operations US Comm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.50

Date of Receipt: 03 / 05 / 2010  
**Transaction ID: A2010-581583**  
Amount of Each Receipt this Period: 48.10

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Steve R Sons

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: VP HR Operations US Comm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 03 / 19 / 2010  
**Transaction ID: A2010-585303**  
Amount of Each Receipt this Period: 48.10

**C.**

Full Name (Last, First, Middle Initial)  
Jessica J Stewart

Mailing Address Five Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.15

Date of Receipt: 03 / 19 / 2010  
**Transaction ID: A2010-588244**  
Amount of Each Receipt this Period: 44.23

**SUBTOTAL** of Receipts This Page (optional) ..... ► **140.43**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 42  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Timothy Sullivan

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.79

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** A2010-582740

Amount of Each Receipt this Period  
54.62

**B.**

Full Name (Last, First, Middle Initial)  
Timothy Sullivan

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.41

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** A2010-586453

Amount of Each Receipt this Period  
54.62

**C.**

Full Name (Last, First, Middle Initial)  
Alfred V Thompson

Mailing Address 200 N. 16th Street

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C**

Name of Employer: GlaxoSmithKline LLC  
Occupation: Regional VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.68

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** A2010-587447

Amount of Each Receipt this Period  
36.78

**SUBTOTAL** of Receipts This Page (optional) ..... ► **146.02**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephanie L Trotter	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 200 N. 16th Street	<b>Transaction ID:</b> A2010-586906
	City Philadelphia State PA Zip Code 19102	Amount of Each Receipt this Period 35.50
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: Regional VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 213.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sarah J Walsh	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 5 Moore Drive	<b>Transaction ID:</b> A2010-582907
	City Research Triangle State NC Zip Code 27709	Amount of Each Receipt this Period 41.35
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: VP Fed Gov Rel.Tax & Pharm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 206.75	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sarah J Walsh	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 5 Moore Drive	<b>Transaction ID:</b> A2010-586620
	City Research Triangle State NC Zip Code 27709	Amount of Each Receipt this Period 82.69
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: GlaxoSmithKline LLC Occupation: VP Fed Gov Rel.Tax & Pharm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 289.44	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>159.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) S. Mark Werner	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address Five Moore Drive	<b>Transaction ID:</b> A2010-584052
	City State Zip Code Res. Triangle Park NC 27709	Amount of Each Receipt this Period 71.83
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GlaxoSmithKline LLC VP & Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.15	

<b>B.</b>	Full Name (Last, First, Middle Initial) S. Mark Werner	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address Five Moore Drive	<b>Transaction ID:</b> A2010-587755
	City State Zip Code Res. Triangle Park NC 27709	Amount of Each Receipt this Period 71.83
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GlaxoSmithKline LLC VP & Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.98	

<b>C.</b>	Full Name (Last, First, Middle Initial) Anne C Whitaker	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 5 Moore Drive	<b>Transaction ID:</b> A2010-583798
	City State Zip Code Research Triangle NC 27709	Amount of Each Receipt this Period 54.21
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GlaxoSmithKline LLC VP Sales Training	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 271.05	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	197.87
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Anne C Whitaker

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC VP Sales Training

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.26

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** A2010-587504

Amount of Each Receipt this Period  
54.21

**B.**

Full Name (Last, First, Middle Initial)  
Janice M Whitaker

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC SVP Quality GMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.80

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** A2010-580939

Amount of Each Receipt this Period  
67.16

**C.**

Full Name (Last, First, Middle Initial)  
Janice M Whitaker

Mailing Address 5 Moore Drive

City State Zip Code  
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GlaxoSmithKline LLC SVP Quality GMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 402.96

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** A2010-584668

Amount of Each Receipt this Period  
67.16

**SUBTOTAL** of Receipts This Page (optional) ..... ► **188.53**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 42  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

A.

Full Name (Last, First, Middle Initial)  
Sharon Wible

Mailing Address 200 N. 16th Street

City Philadelphia State PA Zip Code 19102

FEC ID number of contributing federal political committee. **C**

Name of Employer GlaxoSmithKline LLC Occupation Sr Product Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 223.02

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2010

Transaction ID: A2010-586415

Amount of Each Receipt this Period  
 37.17

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	37.17
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4034.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

A.

Full Name (Last, First, Middle Initial)  
GlaxoSmithKline Inc.

Mailing Address Five Moore Drive

City Res. Triangle Park State NC Zip Code 27709

Purpose of Disbursement  
Reimburse corporation for TN PAC Admin expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TN District:

Not Applicable

Transaction ID: B324862

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

912.50

SUBTOTAL of Disbursements This Page (optional) ▶

912.50

TOTAL This Period (last page this line number only) ▶

912.50



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mike Thompson for Congress</p> <p>Mailing Address 236 Massachusetts Ave NE Ste 603</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mike Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 01</p>	<p><b>Transaction ID:</b> B324569 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Himes for Congress</p> <p>Mailing Address 50 E Street SE Ste 1</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Jim Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 04</p>	<p><b>Transaction ID:</b> B317474 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Camp. Cmte</p> <p>Mailing Address 430 S. Capitol St. SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: DC District: Not Applicable</p>	<p><b>Transaction ID:</b> B325771 <b>Date of Disbursement</b> 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">15000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;">17000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;"> </span>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address P.O. Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Michael Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District:</p>	<p><b>Transaction ID:</b> B324547 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Lewis for Congress</p> <p>Mailing Address PO Box 636</p> <p>City Annandale State VA Zip Code 22003</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 05</p>	<p><b>Transaction ID:</b> B317468 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Volunteers for Shimkus</p> <p>Mailing Address 700 12th St NW #700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name John M Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 19</p>	<p><b>Transaction ID:</b> B325762 <b>Date of Disbursement</b> 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bluegrass Committee</p> <p>Mailing Address 400 N Capitol St NW #585</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B317467 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gary Peters for Congress</p> <p>Mailing Address 50 E Street SE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name Gary Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B317470 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rogers for Congress</p> <p>Mailing Address 700 12th Street NW Ste 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution Candidate Name Mike J Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B317475 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

A.	Full Name (Last, First, Middle Initial) Dave Camp for Congress	Transaction ID: B325765 Date of Disbursement
	Mailing Address 2501 Wisconsin Ave #304	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Dave Camp	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Adler for Congress	Transaction ID: B324546 Date of Disbursement
	Mailing Address 499 S Capitol St SW Suite 422	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name John Adler	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Menendez for Senate	Transaction ID: B324554 Date of Disbursement
	Mailing Address 315 C St SE Lower Level	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name Robert Menendez	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Schumer <hr/> Mailing Address 426 C Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Charles E Schumer Category/Type Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:	Transaction ID: B324542 Date of Disbursement <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2010</span> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends of Dan Maffei <hr/> Mailing Address 10 G Street NE Ste 570 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Dan Maffei Category/Type Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 25	Transaction ID: B325766 Date of Disbursement <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2010</span> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Portman for Senate Committee <hr/> Mailing Address 900 19th St NW 8th Floor <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement Contribution Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rob Portman Category/Type Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Transaction ID: B324552 Date of Disbursement <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2010</span> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">4500.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Portman for Senate Committee  Mailing Address 900 19th St NW 8th Floor  City Washington State DC Zip Code 20006  Purpose of Disbursement Contribution Candidate Name Rob Portman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B324553 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2010  Amount of Each Disbursement this Period 2500.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Pioneer PAC  Mailing Address 217 Third St SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B325770 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2010  Amount of Each Disbursement this Period 5000.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Coburn for Senate  Mailing Address 217 Third St SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Contribution Candidate Name Tom Coburn Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B325929 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2010  Amount of Each Disbursement this Period 500.00  011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Coburn for Senate 2010</p> <p>Mailing Address 217 Third St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Tom Coburn</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District:</p>	<p><b>Transaction ID:</b> B325931 <b>Date of Disbursement:</b> 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gerlach for Congress</p> <p>Mailing Address 700 12th Street NW Ste 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Jim Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 06</p>	<p><b>Transaction ID:</b> B324548 <b>Date of Disbursement:</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Allyson Schwartz for Congress</p> <p>Mailing Address 38 Ivy St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Allyson Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 13</p>	<p><b>Transaction ID:</b> B325763 <b>Date of Disbursement:</b> 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stephanie Herseith Sandlin for South Dakota</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Stephanie Herseith Sandlin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 01</p>	<p><b>Transaction ID:</b> B321009 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund</p> <p>Mailing Address 901 N Washington St Ste 102</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Kay Granger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 12</p>	<p><b>Transaction ID:</b> B317476 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Moderate Democrats PAC</p> <p>Mailing Address 426 C Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: DC District: Not Applicable</p>	<p><b>Transaction ID:</b> B324568 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;">7000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;"> </span>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) NewDem PAC</p> <p>Mailing Address 607 14th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B324543 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 Second Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B325772 <b>Date of Disbursement</b> 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Congressional Black Caucus PAC</p> <p>Mailing Address 455 Massachusetts Ave NW #150-355</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B325764 <b>Date of Disbursement</b> 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

20000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC (GSK PAC)

A.	Full Name (Last, First, Middle Initial) ORRINPAC	Transaction ID: B324550 Date of Disbursement 03 / 10 / 2010
	Mailing Address PO Box 1480	Amount of Each Disbursement this Period 3000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Bennett Election Committee Inc.	Transaction ID: B317473 Date of Disbursement 03 / 10 / 2010
	Mailing Address 175 South West Temple Suite 650	Amount of Each Disbursement this Period 2000.00
	City Salt Lake City State UT Zip Code 84101	
	Purpose of Disbursement Contribution Candidate Name Robert F Bennett	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Jim McDermott	Transaction ID: B317469 Date of Disbursement 03 / 10 / 2010
	Mailing Address 200 East Jefferson St	Amount of Each Disbursement this Period 1000.00
	City Falls Church State VA Zip Code 22046	
	Purpose of Disbursement Contribution Candidate Name James A McDermott	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	84500.00