GlaxoSmithKline LLC PAC (GSK PAC)

1. NAME OF COMMITTEE (in full)  
   Example: If typing, type over the lines.  
   12FE4M5

2. ADDRESS (number and street)  
   1050 K St NW, Ste 800

   (Check if address is changed)

   CITY: Washington  
   STATE: DC  
   ZIP CODE: 20001

3. COMMITTEE’S E-MAIL ADDRESS  
   sherry.c.smith@gsk.com

   Optional Second E-Mail Address  
   pleeman@ddcpublicaffairs.com

4. COMMITTEE’S WEB PAGE ADDRESS (URL)

   (Check if address is changed)

   [Electronically Filed]

5. DATE  
   06/12/2020

6. FEC IDENTIFICATION NUMBER  
   C00199703

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

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

Type or Print Name of Treasurer  
Edge, Heather,

Signature of Treasurer  
Edge, Heather,

[Electronically Filed]  
Date  
06 12 2020

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.
5. TYPE OF COMMITTEE

Candidate Committee:

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

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

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

Name of Candidate

Candidate Party Affiliation

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

State District

Party Committee:

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

Political Action Committee (PAC):

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

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

[ ] In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) [ ] This committee collects contributions, pays fundraising expenses and disburse net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) [ ] This committee collects contributions, pays fundraising expenses and disburse net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. [ ] FEC ID number [ ]

2. [ ] FEC ID number [ ]

3. [ ] FEC ID number [ ]

4. [ ] FEC ID number [ ]
Write or Type Committee Name

GlaxoSmithKline LLC PAC (GSK PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

GlaxoSmithKline LLC

Mailing Address: 1050 K St NW, Ste 800

Washington DC 20001

Relationship: Connected Organization

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Smith, Sherry, C.,

Mailing Address: 1050 K St NW, Ste 800

Washington DC 20001

Title or Position: Custodian of Records

Telephone number: 202-715-1019

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Edge, Heather,

Mailing Address: 313 Charleston Dr

Clayton NC 27527

Title or Position: Treasurer

Telephone number: 919-274-0676
### Banks or Other Depositories

List all banks or other depositaries in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

<table>
<thead>
<tr>
<th>Name of Bank, Depository, etc.</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanics &amp; Farmers Bank</td>
<td>PO Box 1932</td>
<td>Durham</td>
<td>NC</td>
<td>27702</td>
</tr>
</tbody>
</table>

Name of Bank, Depository, etc.

<table>
<thead>
<tr>
<th>Full Name of Designated Agent</th>
<th>Mailing Address</th>
<th>Title or Position</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schuyler, William, J.,</td>
<td>1050 K St NW, Ste 800</td>
<td>Assistant Treasurer</td>
<td>202-715-1019</td>
</tr>
</tbody>
</table>

Name of Bank, Depository, etc.