Statement of Organization

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines

   SmithKline Beecham Corporation Political Action Committee (GlaxoSmithKline PAC)

ADDRESS: (Enter street address)

   Five Moore Drive

   P.O. Box 13358

   Res. Triangle Park

   NC 27709

   CITY STATE ZIP CODE

COMMITTEES E-MAIL ADDRESS

cfe@pass1.com

COMMITTEES WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

   123-456-7890

2. DATE

   06 01 2006

3. FEC IDENTIFICATION NUMBER

   C00199703

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

   AMENDED

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

Type or Print Name of Treasurer

   Gary J. Salamido

Signature of Treasurer

   Electronically Filed by Gary J. Salamido

   Date 06 03 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 21 U.S.C. 543Tg.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

FEC FORM 1

(Revised 02/28/05)
5. TYPE OF COMMITTEE (Check One)

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

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

Name of Candidate

Candidate Office State
Party Affiliation Sought: House Senate President District

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

Name of Candidate

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

(e) This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

SmithKline Beecham Corporation (DBA GlaxoSmithKline)

Mailing Address

Five Moore Drive

Res, Triangle Park NC 27709

CITY STATE ZIP CODE

Relationship Connected

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative
7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

**Full Name:** Melissa D. Feld

**Mailing Address:** 1500 K Street N.W.

**Suite 660**

**Washington, DC 20005**

**Title or Position:**

**PAC Manager**

**Telephone number:**

---

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

**Full Name of Treasurer:** Gary J. Salamido

**Mailing Address:** Five Moore Drive

________________________

**Res. Triangle Park, NC 27709**

**Title or Position:**

**Treasurer**

**Telephone number:**

________________________

**Full Name of Designated Agent:** Dick J. Domann

**Mailing Address:** Five Moore Drive

________________________

**Res. Triangle Park, NC 27709**

**Title or Position:**

**Assistant Treasurer**

**Telephone number:**

---
9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

<table>
<thead>
<tr>
<th>Mechanics and Farmers Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 1932</td>
</tr>
<tr>
<td>Durham</td>
</tr>
</tbody>
</table>

CITY  STATE  ZIP CODE
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.
Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative
Designated Agent

Full Name: Sarah J. Walsh

Mailing Address: 1500 K Street N.W.
Suite 650
Washington, DC 20005

Title or Position: Assistant Treasurer

Telephone number: ___________ - ___________ - _________