

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 88
(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McDermott, Anthony, , ,

Mailing Address Five Moore Drive, PO BOX 13398

City

Research Triangle

State

NC

Zip Code

27709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GSK LLC

Occupation (for Individual)

Director, Payer Channel Strategy

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

430.31

Date of Receipt

M M	D D	Y Y Y Y
05	06	2020

Transaction ID : 20200513104029-977

Amount of Each Receipt this Period

43.78

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McDermott, Anthony, , ,

Mailing Address Five Moore Drive, PO BOX 13398

City

Research Triangle

State

NC

Zip Code

27709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GSK LLC

Occupation (for Individual)

Director, Payer Channel Strategy

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

430.31

Date of Receipt

M M	D D	Y Y Y Y
05	21	2020

Transaction ID : 20200526104647-300

Amount of Each Receipt this Period

43.78

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McGowan, Robert, , ,

Mailing Address Five Moore Drive, P.O. Box 13398

P.O. Box 13398

City

Durham

State

NC

Zip Code

27709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GlaxoSmithKline LLC

Occupation (for Individual)

Rx Account Mgmt Payer Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

413.47

Date of Receipt

M M	D D	Y Y Y Y
05	06	2020

Transaction ID : 20200513104029-829

Amount of Each Receipt this Period

42.04

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

129.60

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