STATEMENT OF ORGANIZATION
(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL: Glaxo Wellcome Inc. Political Action Committee
   (b) Number and Street Address: Five Moore Drive, P.O. Box 13358
   (c) City, State and ZIP Code: Research Triangle Park, North Carolina 27709

2. DATE: 03/29/00
   RECEIVED BY FEDERAL ELECTORAL COMMISSION
   COMMISSIONER: R. S. 00199783

3. IDENTIFICATION NUMBER:

4. IS THIS STATEMENT AN AMENDMENT?
   □ YES □ NO

5. TYPE OF COMMITTEE (Check one)
   □ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
   □ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
   □ (c) This committee sponsors/opposes only one candidate and is NOT an authorized committee.
   □ (d) This committee is a committee of the ___ Party.
   □ (e) This committee is a separate segregated fund.
   □ (f) This committee sponsors/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Candidate | Candidate Party Affiliation | Office Sought | State/District
--- | --- | --- | ---

6. Name of Any Connected Organization Affiliated Committee
   Glaxo Wellcome Inc.
   Mailing Address and ZIP Code
   Five Moore Drive
   Research Triangle Park, NC 27709
   Relationship: Connected

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.
   Full Name: Megan Brier
   Mailing Address: 1300 K Street, NW, Suite 650
   Washington, DC 20005
   Title or Position: PAC Manager

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).
   Full Name: Mitchell Kane
   Mailing Address: Five Moore Drive
   Research Triangle Park, NC 27709
   James Williams
   Mailing Address: Five Moore Drive, B3146 - Bldc Bldg.
   Research Triangle Park, NC 27709
   Title or Position: Treasurer
   Assistant Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.
   Name of Bank, Depository, etc.: Mechanics and Farmers Bank
   Mailing Address and ZIP Code: P.O. Box 1932
   Durham, NC 27702

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

TYPE OR PRINT NAME OF TREASURER

SIGNATURE OF TREASURER

DATE: 4-5-99

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.

FEC FORM 1
(revised 4/87)
Federal Election Commission

ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

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

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PREPARER: ___________________________  DATE PREPARED: 4-11-20

(4/98)