

DISCLOSURE SUMMARY PAGE

JUN 7 2002
pm 6-6

FORM DR-2 (Rev. 02/96)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>868</u>
Indexed	<u>6</u>
Audited	
Computer	<u>WRS</u>

COMMITTEE NAME (Must be same as on Statement of Organization)
JACOBS COMMITTEE - 868

IMPORTANT: Indicate type of committee you are reporting for: 4
 (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support Slate of Candidates

Carlton T. King (515) 225-2361
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

6/6/02
 DATE SIGNED

Penalties Due For Late Filed Reports Range from \$10 to \$400

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 19, 2002 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
 (report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) \$ 14,821.75

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 900.00

Schedule C: Fund-raising Events total (Attach Schedule C)..... _____

Schedule F: Loans Received total (Attach Schedule F)..... _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 15,721.75

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 710.60

Schedule F: Loan Repayments total (Attach Schedule F) _____

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) \$ 15,011.15

UNPAID BILLS (From Schedule D - Attach Schedule D) \$ -0-

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)..... \$ -0-

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ -0-

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES X NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

For Instructions, See Back of Form

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS – MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
JACOBS COMMITTEE - 868

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
1/07/02	ID# CK#	Beecher Turner 1654 Thornwood Rd. West Des Moines, IA 50266		\$ 250.00
1/07/02	ID# CK#	Craig H. Neilsen 8620 Titleist Circle Las Vegas, Nevada 89117		50.00
1/07/02	ID# 6484 CK#	Iowa Society of Anesthesiologists PAC, 321 - 43rd Street Des Moines, Iowa 50312		400.00
1/07/02	ID# CK# 8242	The GlaxoSmithKline PAC Five Moore Drive Research Triangle Park, N.C.		200.00
	ID# CK#			
SUB-TOTAL				\$ 900.00
TOTAL (if last page of this schedule)				\$ 900.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

514 EAST LOCUST, SUITE 104
DES MOINES, IA 50309-1912

Form
**VERIFIED STATEMENT
REGISTRATION**
(Out-of-State Committees)
(Rev. 11/00)

For office use only

Comm. # _____
Indexed _____
Audited _____
Checked _____
Computer _____

**VERIFIED STATEMENT REGISTRATION
(Out-of-State Committee)**

COMMITTEES NOT ORGANIZED IN IOWA TO COMPLETE IN DUPLICATE. *JUN 7 2002*
SEND ORIGINAL COPY TO THE BOARD AND
ONE COPY WITH EACH CONTRIBUTION TO THE IOWA COMMITTEE.
PLEASE REFER TO DETAILED INSTRUCTIONS ON BACK OF FORM.

COMMITTEE NAME

Official Name of Out-of-State Committee (Do not abbreviate committee name. Written explanation must be provided for Acronym.)
SmithKline Beecham Corporation Political Action Committee (GlaxoSmithKline PAC) ID#8242

Mailing Address
Five Moore Drive

City, State, Zip Code
Research Triangle Park, NC 27709

Area Code
(919)

Telephone No.
483-2611

TREASURER

Name of Treasurer
Gary Salamido

Mailing Address
Five Moore Drive

City, State, Zip Code
Research Triangle Park, NC 27709

Telephone
(919) 363-7853

OTHER OFFICERS (Attach second page if needed)

Name of Chairperson
James Williams

Mailing Address
Five Moore Drive, B-3146 Bide Building

City, State, Zip Code
Research Triangle Park, NC 27709

Telephone
(919) 483-2909

IOWA RESIDENT AGENT

Signature of Iowa Resident Agent
Robert C. Thomson

Typed Name of Iowa Resident
Robert C. Thomson, c/o CT Corporation

Mailing Address
2222 Grand Avenue

City, State, Zip Code
Des Moines, IA 50312

Telephone
(515) 245-4300

PARENT ENTITY, AFFILIATE, SPONSOR OF COMMITTEE

(Use separate page if needed to list more than one entity)

Name
SmithKline Beecham Corporation (DBA: GlaxoSmithKline)

Mailing Address
Five Moore Drive

City, State, Zip Code
Research Triangle Park, NC 27709

PURPOSE OF COMMITTEE: The Committee is dedicated to the protection, preservation and furtherance of the industries of which GlaxoSmithKline is a part and to the establishment of an effective political presence within Congress and State legislatures for the pharmaceutical industry in general and specifically for GlaxoSmithKline, its stockholders and employees.

STATE OR FEDERAL JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES

Name of Jurisdiction
Federal Election Commission ID# C00199703

Mailing Address
999 E Street, N.W.

City, State, Zip Code
Washington, D.C. 20463

Telephone
(202) 694-1100

IOWA COMMITTEE RECEIVING CONTRIBUTION

Name of Committee

Mailing Address

Date	If In Kind Contribution, Describe
Amount \$	

VERIFIED STATEMENT OF COMMITTEE:

I, _____, swear that the contribution reported above is accurate. I further swear that the information about this out-of-state committee is correct and accurate to the best of my knowledge. I attest that the reports filed in the named jurisdiction comply with requirements which are substantially similar to Iowa Code section 56.6, including the disclosure of all contributions received and all expenditures made. I further attest that the contribution reported above was made from an account, which does not accept contributions from corporations or other prohibited contributors under Iowa Code section 56.15. I understand that Iowa committees are prohibited from accepting contributions from out-of-state committees unless a signed original of this form has been filed with the Iowa Ethics and Campaign Disclosure Board, or the out-of-state committee is registered and filing full disclosure reports in Iowa.

[Signature] Treasurer *12/17/01* (Date)

Subscribed and sworn before me this 17 day of December, 2001 at Durham, NC

My notary commission expires December 3, 05. *[Signature]* Notary Public

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
 JACOBS COMMITTEE - 868

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
✓ 1/21/02	ID# CK# 1148	Republican Party of IA 621 East 9th Street Des Moines, IA 50309	2002 Package Plan Member	\$ 365.00
1/21/02	ID# CK# 1149	Libby Jacobs 808 58th Street West Des Moines, IA	reimbursement of hotel room and plane ticket for Midwestern Legislative Conference in Chicago	345.60
	ID# CK#	50266		
	ID# CK#			
SUB-TOTAL				\$ 710.60
TOTAL (if last page of this schedule)				\$ 710.60

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:
 Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)
 Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)