

5222



ROSS MILLER  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
Carson City, Nevada 89701-4768  
Phone: (775) 684-5705  
Fax: (775) 684-5718  
Website: www.nvsos.gov

UPS - Express  
**RECEIVED**

SEP 30 2014  
SECRETARY OF STATE  
ELECTIONS DIVISION  
#1798

**State of Nevada  
Committee for Political Action  
(PAC)  
Registration Form  
Page 1**

ABOVE SPACE IS FOR OFFICE USE ONLY

New Registration       PAC (Advocating Passage or Defeat of a Ballot Question)

Annual (Due on or before January 15th of each year; NRS 294A.230(3)(b))

Amended Registration:       Change Officers       Change Registered Agent       Change Address  
check all that apply

Change Name: \_\_\_\_\_  
Previous Name of PAC

Other: \_\_\_\_\_

Name of Committee: \_\_\_\_\_ Telephone: \_\_\_\_\_  
GlaxoSmithKline LLC Political Action Committee      202-715-1019

Mailing Address: \_\_\_\_\_  
Five Moore Drive      Research Triangle Park      NC      27709  
Street Name, Number      City      State      Zip Code

**PURPOSE:** Briefly state the purpose for which the PAC was organized.

To support candidates for public office who share the values and goals of our organization.

**REGISTERED AGENT:** pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Jennifer Hoge      702-496-8602

Mailing Address: \_\_\_\_\_  
7876 Pioneer Hills Street      Las Vegas      NV      89113  
Street Name, Number      City      State      Zip Code

**REGISTERED AGENT ACCEPTANCE:** I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

Jennifer Hoge  
Signature of Registered Agent

Date: \_\_\_\_\_  
1/30/14



ROSS MILLER  
 Secretary of State  
 Elections Division  
 101 North Carson Street, Suite 3  
 Carson City, Nevada 89701-4768  
 Phone: (775) 684-5705  
 Fax: (775) 684-5718  
 Website: www.nvsos.gov

**State of Nevada**  
**Committee for Political Action**  
**(PAC)**  
**Registration Form**  
 Page 2

**OFFICERS:** List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:  Telephone:

Mailing Address:  
     
 Street Name, Number City State Zip Code

Officer Name and Title:  Telephone:

Mailing Address:  
     
 Street Name, Number City State Zip Code

Officer Name and Title:  Telephone:

Mailing Address:  
     
 Street Name, Number City State Zip Code

Officer Name and Title:  Telephone:

Mailing Address:  
     
 Street Name, Number City State Zip Code

**AFFILIATIONS:** If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:  Telephone:

Mailing Address:  
     
 Street Name, Number City State Zip Code

Name of Organization:  Telephone:

Mailing Address:  
     
 Street Name, Number City State Zip Code

Name of Organization:  Telephone:

Mailing Address:  
     
 Street Name, Number City State Zip Code

**SUBMITTED BY:**

Sherry C. Smith  
 Signature of Representative of Group

Date:

Telephone: