PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) **SKIPAC** PO Box 83142 ADDRESS (number and street) (Check if address is changed) Gaithersburg 20883 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS vwinpisinger@msn.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00470666 FEC IDENTIFICATION NUMBER > 3. × OR IS THIS STATEMENT NEW (N) AMENDED (A) 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 Eric Leavitt [Electronically Filed] 02 2015 Signature of Treasurer Date 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 06/2012)

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
Offity			Local 202-694-1100

	EEC Fo	rm 1 (Pavisad 02/2000)	Page 2
		rm 1 (Revised 02/2009) OMMITTEE	rage Z
		e Committee:	
(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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	·
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nam		<u> </u>
SKIPAC		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
James D. Matheson		
	20.5 524242	
Mailing Address	PO Box 521048	
	Salt Lake City UT 8415	52
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the person in	possession of committee
Vickie Wii	npisinger	
Full Name	PO Box 83142	
Mailing Address		
	Gaithersburg , MD , 2088	83
	Galulersburg	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number 301	- 947 - 0278
3. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
Full Name	tt	
Mailing Address	PO Box 83142	
	Gaithersburg 2088	33
Title or Position	CITY STATE	ZIP CODE
Treasurer		947 - 0278

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		ZIP CODE
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	
safety deposit b	Depository, etc. Bank of America 14201 Connecticut Avenue, NW	
safety deposit to Name of Bank,	Depository, etc. Bank of America 14201 Connecticut Avenue, NW)8
safety deposit to Name of Bank,	Depository, etc. Bank of America 4201 Connecticut Avenue, NW	08
safety deposit to Name of Bank, Mailing Address	Depository, etc. Bank of America 4201 Connecticut Avenue, NW Washington DC 2000	
safety deposit to Name of Bank, Mailing Address	Depository, etc. Bank of America 4201 Connecticut Avenue, NW Washington CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address	Depository, etc. Bank of America 4201 Connecticut Avenue, NW Washington CITY STATE	
safety deposit to Name of Bank, Mailing Address	Depository, etc. Bank of America 4201 Connecticut Avenue, NW Washington CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 4201 Connecticut Avenue, NW Washington CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 4201 Connecticut Avenue, NW Washington CITY STATE Depository, etc.	