



Derm Political Action Committee



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 San Francisco, CA

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 Highland Park, IL

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 Jenawood, KS

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 Rochester, MN

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September 1, 2000.

Andrea Wilkins
 Reports Analyst, Reports Division
 Federal Elections Commission
 999 E. Street, NW
 Washington, D.C. 20463

RE: September 20th Monthly Report
 FEC Identification number: C00297614


Dear Ms. Wilkins:

Enclosed please find our monthly filing, the September 20th Report for the reporting period of August 1, 2000 through August 31, 2000 for DermPAC.

I have also enclosed an Amendment Report for the August 20th Report. This is due to a bank service charge on July 10, 2000 in the amount of \$5.32.

If you have any further questions regarding this report please do not hesitate to contact me.

Sincerely,


 Andrew P. Lazar, M.D.
 Treasurer, DermPAC

750 Homewood Avenue, Number 130
 Highland Park, Illinois 60035
 Telephone (708) 433-1501 Fax (415) 564-1967

RECEIVED
 FEC MAIL ROOM
 2000 SEP 12 A 8:55

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 SEP 12 A 8:55

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) DemPAC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 750 Homewood Avenue, Suite 130	2. FEC IDENTIFICATION NUMBER C00297614
CITY, STATE and ZIP CODE Highland Park, IL 60038	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- | | | |
|--------------------------------------|--------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input checked="" type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

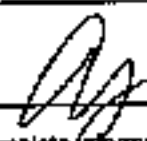
SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>08/01/00</u> through <u>08/31/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 11,625.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 7,264.94	
(c) Total Receipts (from Line 10)	\$ 0.00	\$ 16,668.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 7,264.94	\$ 28,293.68
7. Total Disbursements (from Line 90)	\$ 4,216.82	\$ 25,245.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,048.12	\$ 3,048.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:
Federal Election Commission
989 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-494-1100

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

Type or Print Name of Treasurer
Andrew P. Lazar, M.D.

Signature of Treasurer



Date

Sept 12 2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

FEC FORM 3X

(revised 9/03)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE DemPAC	REPORT COVERING PERIOD		
	FROM 08/01/00	TO 08/31/00	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	0.00	13,150.00	11(a)(i)
ii. Unitemized	0.00	3,518.00	11(a)(ii)
iii. Total (add i and ii) >	0.00	16,668.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) >	0.00	16,668.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	0.00	16,668.00	19
20. Total Federal Receipts (subtract line 16 from line 19) >	0.00	16,668.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	2,216.82	22,745.54	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	2,216.82	22,745.54	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	2,500.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,216.82	25,245.54	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	4,216.82	25,245.54	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	0.00	16,668.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	0.00	16,668.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	2,216.82	22,745.54	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	2,216.82	22,745.54	37

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 21B

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DempAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ameritech 529 South 7th Street Springfield, IL 62721-0001	DempAC FAX Line (847)433-7913 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/00	27.15
B. Full Name, Mailing Address and ZIP Code American National Bank and Trust Company 33 North LaSalle Street Chicago, IL 60690	Purpose of Disbursement DempAC MONTHLY CREDIT CARD MACHINE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/02/00	7.50
C. Full Name, Mailing Address and ZIP Code Briar Hill Enterprises, Inc. 444 Lake Cook Road Suite 9 Deerfield, IL 60015	Purpose of Disbursement DempAC Computer Backup Tapes (REF#1504) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/00	19.38
D. Full Name, Mailing Address and ZIP Code Ameritech 529 South 7th Street Springfield, IL 62721-0001	Purpose of Disbursement DempAC MODEM/FAX LINE (847)831-1357 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/00	83.23
E. Full Name, Mailing Address and ZIP Code Jon S. Levinson; DempAC Consultant 80 Glenn Way Suite 16 San Carlos, CA 94070	Purpose of Disbursement Expense Reimburse (Rent \$300, Phone \$266.33, Misc. \$21.40) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/28/00	587.73
F. Full Name, Mailing Address and ZIP Code Jon S. Levinson; DempAC Consultant 80 Glenn Way Suite 16 San Carlos, CA 94070	Purpose of Disbursement Final Fee DempAC Consultant & Executive Director Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/29/00	1,500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

2,204.99

TOTAL This Period (last page this line number only)

2,204.99

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DemPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AADA Political Action Committee-SkinPAC 38375 Eagle Way Chicago, IL 60578-1383	Contribution to AADA Political Action Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution To Pac	08/28/00	2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

2,000.00

TOTAL This Period (last page this line number only)

2,000.00

