

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

AUG 2 2 24 PM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) TO PROTECT OUR HERITAGE PAC		2. FEC IDENTIFICATION NUMBER C00135541
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2421 W. PRATT		
CITY, STATE and ZIP CODE CHICAGO, IL 60645		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 11M)		

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:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
 30-Day Post-Election 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>JAN. 1, 1999</u> through <u>JUNE 30, 1999</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 6,917.83
(b) Cash on Hand at Beginning of Reporting Period	\$ 6,917.83	
(c) Total Receipts (from Line 19)	\$ 25,854.00	\$ 25,854.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 32,771.83	\$ 32,771.83
7. Total Disbursements (from Line 30)	\$ 2,000.85	\$ 2,000.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 30,770.98	\$ 30,770.98
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	
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 ALAN E. MOLOTSKY	Date 7/14/99
Signature of Treasurer <i>Alan E. Molotsky</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

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FEC FORM 3X
(revised 9/98)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 7/1/81)

NAME OF COMMITTEE

To PROTECT OUR HERITAGE PAC

REPORT COVERING PERIOD

FROM *JAN 1, 1999* TO *JUNE 30, 1999*

I. Receipts

	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	20,110	20,110	11(a)ii
ii. Unitemized	5,744	5,744	11(a)iio
iii. Total (add i and ii) >	25,854	25,854	11(a)iiif
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a, b and c) >	25,854	25,854	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	25,854	25,854	19
20. Total Federal Receipts (subtract line 18 from line 19) >	25,854	25,854	20

II. Disbursements

21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)ii
i. Federal Share			21(a)iio
ii. Non-Federal Share	2,250.85	2,250.85	21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a, i, and b) >	2,250.85	2,250.85	22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	(250.00)	(250.00)	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,000.85	2,000.85	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,000.85	2,000.85	31

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	25,854	25,854	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	25,854	25,854	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	2,250.85	2,250.85	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	2,250.85	2,250.85	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(011)

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)

TO PROTECT OUR HERITAGE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARLYN BEIDER 124 Z. N. Lakeshore Dr. # 20 Chicago, IL 60610	Mit America Hotel Corp.	5/10/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution	Occupation: President	Aggregate Year-to-Date > \$1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jane Cohn 9107 N. Meade Morton Grove, IL 60053	Retired	5/4/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution	Occupation	Aggregate Year-to-Date > \$1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William DeWuskin 1000 N. Lake Shore Dr. #27-B Chicago, IL 60611	Self	3/12/99	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution	Occupation: Retirement / Nursing Home Operator	Aggregate Year-to-Date > \$500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alan Burton P.O. BOX 479 Techy, IL 60082-0479	Retired	5/18/99	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution	Occupation	Aggregate Year-to-Date > \$500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sig Feiger 4545 W. Touhy Lincolnwood, IL 60676	Crawford Supply Co.	5/12/99	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution	Occupation: President	Aggregate Year-to-Date > \$1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles L. Glick 639 W. Fullerton Pky Chicago, IL 60614	Hedlund Hanley & John	5/25/99	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution	Occupation: Attorney	Aggregate Year-to-Date > \$250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larry Hochberg 275 N. Dottie Park E Highland Park, IL 60035	Sportmart Real Estate	5/7/99	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution	Occupation: Chairman	Aggregate Year-to-Date > \$1,000	

SUBTOTAL of Receipts This Page (optional)

\$5,250

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

TO PROTECT OUR HERITAGE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jules M. Laser 205 N. Michigan Chicago, IL 60601	Laser, Pokorne, Schwartz Friedman & Ecosmeu PC.	5/3/99	\$1,000
	Occupation: Attorney	3/8/99	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution	Aggregate Year-to-Date > \$ 1,250		
Seymour H. Persky 123 W. Madison, 20th Fl Chicago, IL 60602	Self Employed	5/10/99	\$250
	Occupation: Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution	Aggregate Year-to-Date > \$ 250		
Lee Sacks 107 Woodley Rd. Waukegan, IL 60093	JMB Insurance Agency, Inc.	5/5/99	\$250
	Occupation: Insurance Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution	Aggregate Year-to-Date > \$ 250		
Michael Sacks 1425 Waverly Highland Park, IL 60035	Grasbenor Investments	5/5/99	\$5,000
	Occupation: Investment Advisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution	Aggregate Year-to-Date > \$ 5,000		
Lawrence A. Savitt 1771 N. Mission Hills # 316 Northbrook, IL 60062	Lawrence Medical Supply	5/14/99	\$1,000
	Occupation: President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution	Aggregate Year-to-Date > \$ 1,000		
Richard Schoenstadt 111 E. Wacker Dr. #2000 Chicago, IL 60601	Siegel, Maser, Schoenstadt & Webster, P.C.	5/11/99	\$1,000
	Occupation: Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution	Aggregate Year-to-Date > \$ 1,000		
Alana W. Susomer 1207 Sherwood Rd Glenview, IL 60025	Self employed	6/1/99	\$500
	Occupation: Financial Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution	Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional)

\$9,250

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3

FOR LINE NUMBER

11(0)(1)

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NAME OF COMMITTEE (in Full)

TO PROTECT OUR HERITAGE PAC

A. Full Name, Mailing Address and ZIP Code Richard Tempfer 303 W. Madison Suite 1050 Chicago, IL 60606	Name of Employer Currently Retired Occupation Aggregate Year-to-Date > \$ 5,000-	Date (month, day, year) 6/2/99	Amount of Each Receipt this Period \$ 5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution			
B. Full Name, Mailing Address and ZIP Code Hava Weissberg 1049 Mount Wilmette, IL 60091	Name of Employer Self Employed Occupation Administer law firm services Aggregate Year-to-Date > \$ 360	Date (month, day, year) 5/11/99	Amount of Each Receipt this Period \$ 360-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution			
C. Full Name, Mailing Address and ZIP Code Hal R. Walken 2801 Lunt Eik Grove, Naperville, IL 60567	Name of Employer Paper supplies company Occupation President Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/10/99	Amount of Each Receipt this Period \$ 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC Contribution			
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$ 5,610

TOTAL This Period (last page this line number only)

\$ 20,110

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21(6)

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NAME OF COMMITTEE (In Full)

To PROTECT OUR HERITAGE PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PACE PRINTING 2421 W. Pratt Chicago, IL 60645	Printing, Envelopes	4/19/99	\$ 400
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/8/99	18.30
	<input checked="" type="checkbox"/> Other (specify) Operating Exp.	4/10/99	200.00
B. Full Name, Mailing Address and ZIP Code US Post Office Chicago, IL 60601	Purpose of Disbursement Postage	1/21/99	\$ 119
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	1/21/99	\$ 66
	<input checked="" type="checkbox"/> Other (specify) Operating Exp.	6/1/99	\$ 313.50
C. Full Name, Mailing Address and ZIP Code PACE Printing 2421 W. Pratt Chicago, IL 60645	Purpose of Disbursement Envelopes	2/23/99	249.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input checked="" type="checkbox"/> Other (specify) Operating Exp.		
D. Full Name, Mailing Address and ZIP Code Comp USA Town Crossing Shopping Center Niles, IL 60648	Purpose of Disbursement Programs Supplier	9/10/99	\$ 216.26
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/17/99	186.79
	<input checked="" type="checkbox"/> Other (specify) Operating Exp.		
E. Full Name, Mailing Address and ZIP Code Office Depot Lincoln Village Shopping Center Lincolnwood, IL 60646	Purpose of Disbursement Supplies - Office	4/16/99	\$ 227.70
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input checked="" type="checkbox"/> Other (specify) Operating Exp.		
F. Full Name, Mailing Address and ZIP Code Victor Weissbot 4920 W Sherman Lincolnwood, IL 60646	Purpose of Disbursement Postage	5/9/99	\$ 20.71
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input checked="" type="checkbox"/> Other (specify) Operating Exp.		
G. Full Name, Mailing Address and ZIP Code Alan Molotsky 3939 W. Greenwood Skokie, IL 60076	Purpose of Disbursement Postage, Copying	5/9/99	\$ 99 -
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/30/99	\$ 64.09
	<input checked="" type="checkbox"/> Other (specify) Operating Exp.	5/14/99	\$ 20.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2250.85

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE / OF /
FOR LINE NUMBER
23

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NAME OF COMMITTEE (in Full)

To PROTECT OUR HERITAGE PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Arden Specter for Senate Pennsylvania <i>R Reported as contribute 5/15/1998</i>	Campaign CHECK NEVER CALLED	6/30/99	\$ <250>
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)


TOTAL This Period (last page this line number only)

<250>

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7/28/99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	8/2/99 DATE PREPARED