



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**To Protect Our Heritage PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="203481.57"/>	<input type="text" value="203481.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="193554.57"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16880.20"/>	<input type="text" value="28682.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="210434.77"/>	<input type="text" value="232163.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28400.53"/>	<input type="text" value="50129.43"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="182034.24"/>	<input type="text" value="182034.24"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**To Protect Our Heritage PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y 12 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13200.00	21400.00
(ii) Unitemized .....	3495.00	6915.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16695.00	28315.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	16695.00	28315.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	185.20	367.10
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16880.20	28682.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16880.20	28682.10

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4163.03	5891.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4163.03	5891.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21737.50	41737.50
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	2500.00	2500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28400.53	50129.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28400.53	50129.43

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16695.00	28315.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16695.00	28315.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4163.03	5891.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4163.03	5891.93

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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**

Full Name (Last, First, Middle Initial) <b>A. Jeremy Amster</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 20 / 2015
Mailing Address 3121 W. Sherwin		<b>Transaction ID : SA11AI.7237</b>
City Chicago      State IL      Zip Code 60645	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 600.00
Name of Employer Tower Hill Healthcare      Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution to our PAC
Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B. David Aronin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 20 / 2015
Mailing Address 8607 N. Harding		<b>Transaction ID : SA11AI.7205</b>
City Skokie      State IL      Zip Code 60076	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 600.00
Name of Employer Extended Care Consulting, LLC      Occupation CFO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution to our PAC
Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. Barry Berkowitz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2015
Mailing Address 3917 Lee Street		<b>Transaction ID : SA11AI.7209</b>
City Skokie      State IL      Zip Code 60076	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 600.00
Name of Employer Self      Occupation Accountant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution to our PAC
Aggregate Year-to-Date ▼ 800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

**A. Barry Berkowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3917 Lee Street  
 City Skokie State IL Zip Code 60076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 15 / 2015  
**Transaction ID : SA11AI.7210**  
 Amount of Each Receipt this Period 100.00  
 Contribution to our PAC

**B. Yishai Broner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2928 W. Estes  
 City Chicago State IL Zip Code 60645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VNA Healthtrends Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 20 / 2015  
**Transaction ID : SA11AI.7207**  
 Amount of Each Receipt this Period 600.00  
 Contribution to our PAC

**C. William DeWoskin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 N. Lakeshore Dr., #27B  
 City Chicago State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Real Estate Investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 05 / 2015  
**Transaction ID : SA11AI.7211**  
 Amount of Each Receipt this Period 1000.00  
 Contribution to our PAC

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

**A. Ethel C. Fenig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6833 N. Kedzie  
 City Chicago State IL Zip Code 60645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chicago Board of Education Occupation Teacher  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 16 / 2015**  
**Transaction ID : SA11AI.7212**  
 Amount of Each Receipt this Period **500.00**  
 Contribution to our PAC

**B. Linda Forman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9241 N. Drake  
 City Evanston State IL Zip Code 60203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Linda Forman CPA, PC Occupation CPA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 22 / 2015**  
**Transaction ID : SA11AI.7240**  
 Amount of Each Receipt this Period **500.00**  
 Contribution to our PAC

**C. Mr. Mickey Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7351 N. Keeler  
 City Lincolnwood State IL Zip Code 60712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Imperial Nursing Center Occupation Building Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 17 / 2015**  
**Transaction ID : SA11AI.7213**  
 Amount of Each Receipt this Period **100.00**  
 Contribution to our PAC

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

**A. Dr. Burton Herbstman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1154 Stratford  
 City State Zip Code  
 Deerfield IL 60015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwest Heart Specialists Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2015  
**Transaction ID : SA11AI.7214**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution to our PAC

**B. Rona Homer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6539 N. Kolmar  
 City State Zip Code  
 Lincolnwood IL 60712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hopkins Institute Dir. of Children & Family Services  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : SA11AI.7216**  
 Amount of Each Receipt this Period  
 100.00  
 Contribution to our PAC

**C. Avigdor Horowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3136 W. Sherwin Ave  
 City State Zip Code  
 Chicago IL 60645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Haven LLC Owner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2015  
**Transaction ID : SA11AI.7217**  
 Amount of Each Receipt this Period  
 600.00  
 Contribution to our PAC

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

Full Name (Last, First, Middle Initial) <b>A. Jerold Isenberg</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 20 / 2015
Mailing Address 2920 W. Chase		<b>Transaction ID : SA11AI.7218</b>
City Chicago	State IL	Zip Code 60645
FEC ID number of contributing federal political committee.	C	
Name of Employer Religious Zionists of Chicago	Occupation Executive Director	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Contribution to our PAC

Full Name (Last, First, Middle Initial) <b>B. Ian Jasenof</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2015
Mailing Address 1 Pheasant Row		<b>Transaction ID : SA11AI.7224</b>
City Lincolnshire	State IL	Zip Code 60069
FEC ID number of contributing federal political committee.	C	
Name of Employer Advocate medical Group	Occupation Physician	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Contribution to our PAC

Full Name (Last, First, Middle Initial) <b>C. Ian Jasenof</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2015
Mailing Address 1 Pheasant Row		<b>Transaction ID : SA11AI.7226</b>
City Lincolnshire	State IL	Zip Code 60069
FEC ID number of contributing federal political committee.	C	
Name of Employer Advocate medical Group	Occupation Physician	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution to our PAC

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

Full Name (Last, First, Middle Initial) <b>A. David Lennon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 20 / 2015
Mailing Address 9138 Ridgeway Ave		<b>Transaction ID : SA11AI.7243</b>
City Skokie	State IL	Zip Code 60076
FEC ID number of contributing federal political committee.	C	
Name of Employer Careone Pharmacy Services	Occupation IT Systems Consultant	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Contribution to our PAC

Full Name (Last, First, Middle Initial) <b>B. Brian Levinson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 20 / 2015
Mailing Address 3133 Sherwin		<b>Transaction ID : SA11AI.7227</b>
City Chicago	State IL	Zip Code 60645
FEC ID number of contributing federal political committee.	C	
Name of Employer Beezee Consulting	Occupation Owner	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Contribution to our PAC

Full Name (Last, First, Middle Initial) <b>C. Gerald Lewis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2015
Mailing Address 3948 Raintree Lane		<b>Transaction ID : SA11AI.7223</b>
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee.	C	
Name of Employer Primary Care Medical Specialis	Occupation Physician	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Contribution to our PAC

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

Full Name (Last, First, Middle Initial)  
**A. Max Lorig**

Mailing Address 718 Carlyle Court

City Northbrook    State IL    Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Lorig Construction    Occupation Civil engineer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : SA11AI.7222**

Amount of Each Receipt this Period  
1000.00

Contribution to our PAC

Full Name (Last, First, Middle Initial)  
**B. Dan Maeir**

Mailing Address 4141 Grove

City Skokie    State IL    Zip Code 60076

FEC ID number of contributing federal political committee. **C**

Name of Employer Healthometer Professional Scal    Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2015  
**Transaction ID : SA11AI.7246**

Amount of Each Receipt this Period  
600.00

Contribution to our PAC

Full Name (Last, First, Middle Initial)  
**C. Steve Miretzky**

Mailing Address 3112 W. Sherwin

City Chicago    State IL    Zip Code 60645

FEC ID number of contributing federal political committee. **C**

Name of Employer Hunter Management    Occupation Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2015  
**Transaction ID : SA11AI.7219**

Amount of Each Receipt this Period  
300.00

Contribution to our PAC

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1900.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

Full Name (Last, First, Middle Initial)  
**A. Alan E. Molotsky**

Mailing Address 3939 W. Greenwood

City Skokie State IL Zip Code 60076

FEC ID number of contributing federal political committee. **C**

Name of Employer Oak Ridge Investments, LLC Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2015  
**Transaction ID : SA11AI.7206**

Amount of Each Receipt this Period  
**600.00**

Contribution to our PAC

Full Name (Last, First, Middle Initial)  
**B. Michael Nussbaum**

Mailing Address 6141 N. Drake

City Chicago State IL Zip Code 60659

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : SA11AI.7220**

Amount of Each Receipt this Period  
**300.00**

Contribution to our PAC

Full Name (Last, First, Middle Initial)  
**C. Steven Podolsky**

Mailing Address 2141 Mallard Dr.

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Podolsky Northstar Realty Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : SA11AI.7221**

Amount of Each Receipt this Period  
**250.00**

Contribution to our PAC

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

**A. Sheldon Reitman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6401 N. Knox  
 City Lincolnwood State IL Zip Code 60712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shephard Schwartz Occupation Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : SA11AI.7229**  
 Amount of Each Receipt this Period 250.00  
 Contribution to our PAC

**B. Elliott Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4009 N. Kedvale  
 City Skokie State IL Zip Code 60076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Robinson Financial Group Occupation Insurance executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : SA11AI.7247**  
 Amount of Each Receipt this Period 250.00  
 Contribution to our PAC

**C. Steven Rothke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7633 N. Arcadia  
 City Morton Grove State IL Zip Code 60053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NeuroBehavior & Rehab Network Occupation Neuropsychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2015  
**Transaction ID : SA11AI.7228**  
 Amount of Each Receipt this Period 500.00  
 Contribution to our PAC

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

**A. Oren Skidelsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2851 W. Coyle  
 City Chicago State IL Zip Code 60645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AAA Engineering Occupation Electrical Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 20 / 2015  
**Transaction ID : SA11AI.7230**  
 Amount of Each Receipt this Period 600.00  
 Contribution to our PAC

**B. Rena Stern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7415 N. Washtenaw  
 City Chicago State IL Zip Code 60645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Family Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 25 / 2015  
**Transaction ID : SA11AI.7250**  
 Amount of Each Receipt this Period 600.00  
 Contribution to our PAC

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13200.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 26  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

**A.** Full Name (Last, First, Middle Initial)  
**1st Equity Bank Northwest**

Mailing Address 1330 Dundee

City Buffalo Grove State IL Zip Code 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **367.10**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 08 / 2015**

**Transaction ID : SA17.7310**

Amount of Each Receipt this Period  
**185.20**

Interest

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>185.20</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>185.20</b>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

Full Name (Last, First, Middle Initial)  
**A. Ethel C. Fenig**

Mailing Address 6833 N. Kedzie

City Chicago State IL Zip Code 60645

Purpose of Disbursement Copying expenses for educational event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 30 / 2015

Transaction ID : **SB21B.7291**

Amount of Each Disbursement this Period  
369.24

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**B. Go Daddy.com**

Mailing Address 14455 N Hayden Rd #219

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement Renew website and URL expenses multi-year

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : **SB21B.7292**

Amount of Each Disbursement this Period  
878.34

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**C. Merchant Services Credit Processing**

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement Credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 05 / 2015

Transaction ID : **SB21B.7302**

Amount of Each Disbursement this Period  
115.03

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1362.61

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

Full Name (Last, First, Middle Initial)

**A. Merchant Services Credit Processing**

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit card processing fees

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2015

Transaction ID : SB21B.7303

Amount of Each Disbursement this Period

51.15

Full Name (Last, First, Middle Initial)

**B. Merchant Services Credit Processing**

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit card processing fees

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2015

Transaction ID : SB21B.7304

Amount of Each Disbursement this Period

43.95

Full Name (Last, First, Middle Initial)

**C. Merchant Services Credit Processing**

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit card processing fees

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

Transaction ID : SB21B.7305

Amount of Each Disbursement this Period

39.54

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

134.64

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Merchant Services Credit Processing</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>05</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		05		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11		05		2015									
Mailing Address PO Box 6600		<b>Transaction ID : SB21B.7306</b>											
City Hagerstown	State MD	Zip Code 21741	Amount of Each Disbursement this Period										
Purpose of Disbursement Credit card processing fees	<table border="1"> <tr> <td>003</td> </tr> </table>		003	<table border="1"> <tr> <td>37.90</td> </tr> </table>	37.90								
003													
37.90													
Candidate Name	Category/Type												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Merchant Services Credit Processing</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>05</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		05		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		05		2015									
Mailing Address PO Box 6600		<b>Transaction ID : SB21B.7307</b>											
City Hagerstown	State MD	Zip Code 21741	Amount of Each Disbursement this Period										
Purpose of Disbursement Credit card processing fees	<table border="1"> <tr> <td>003</td> </tr> </table>		003	<table border="1"> <tr> <td>175.37</td> </tr> </table>	175.37								
003													
175.37													
Candidate Name	Category/Type												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Alan E. Molotsky</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>07</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		07		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		07		2015									
Mailing Address 3939 W. Greenwood		<b>Transaction ID : SB21B.7295</b>											
City Skokie	State IL	Zip Code 60076	Amount of Each Disbursement this Period										
Purpose of Disbursement Printing for newsletter	<table border="1"> <tr> <td>003</td> </tr> </table>		003	<table border="1"> <tr> <td>554.27</td> </tr> </table>	554.27								
003													
554.27													
Candidate Name	Category/Type												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<table border="1"> <tr> <td>767.54</td> </tr> </table>	767.54
767.54		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

Full Name (Last, First, Middle Initial)

**A. The Mail Post**

Mailing Address 2421 W. Pratt

City Chicago State IL Zip Code 60645

Purpose of Disbursement Mailing service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 30 / 2015

**Transaction ID : SB21B.7289**

Amount of Each Disbursement this Period: 234.00

Category/Type: 001

Full Name (Last, First, Middle Initial)

**B. US Post Office**

Mailing Address Dirkson Federal Office Building

City Chicago State IL Zip Code 60604

Purpose of Disbursement Postage for solicitation mailing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 06 / 2015

**Transaction ID : SB21B.7293**

Amount of Each Disbursement this Period: 490.00

Category/Type: 003

Full Name (Last, First, Middle Initial)

**C. US Post Office**

Mailing Address Dirkson Federal Office Building

City Chicago State IL Zip Code 60604

Purpose of Disbursement Postage for mailing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : SB21B.7294**

Amount of Each Disbursement this Period: 392.00

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1116.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

Full Name (Last, First, Middle Initial) <b>A. Victor Weissberg</b>		Date of Disbursement MM / DD / YYYY 07 / 26 / 2015
Mailing Address 4820 W. Sherwin		<b>Transaction ID : SB21B.7290</b>
City Lincolnwood State IL Zip Code 60712	Amount of Each Disbursement this Period 702.24	
Purpose of Disbursement Printing expense for educational event	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	702.24
<b>TOTAL</b> This Period (last page this line number only)..... ▶	4083.03

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

Full Name (Last, First, Middle Initial)

**A. AYOTTE, KELLY A**

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement  
Contribution to Re-election campaign

011

Candidate Name  
**AYOTTE, KELLY A**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NH District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

Transaction ID : SB23.7280

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. CRAPO, MICHAEL D**

Mailing Address PO Box 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement  
In-Kind Breakfast Expense Contribution to Campaign

011

Candidate Name  
**CRAPO, MICHAEL D**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ID District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2015

Transaction ID : SB23.7288

Amount of Each Disbursement this Period

737.50

Full Name (Last, First, Middle Initial)

**C. DEUTCH, THEODORE ELIOT**

Mailing Address 12373 CASCADES POINTE DRIVE

City BOCA RATON State FL Zip Code 33428

Purpose of Disbursement  
Contribution to Re-election campaign

011

Candidate Name  
**DEUTCH, THEODORE ELIOT**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 19

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2015

Transaction ID : SB23.7285

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3237.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

Full Name (Last, First, Middle Initial)

**A. GRASSLEY, CHARLES E SENATOR**

Mailing Address PO Box 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Contribution to Re-election campaign

011

Candidate Name  
**GRASSLEY, CHARLES E SENATOR**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IA District: 00

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : SB23.7283

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. HULTGREN, RANDY**

Mailing Address 1S651 VERDUN DRIVE

City WINFIELD State IL Zip Code 60190

Purpose of Disbursement  
Contribution to Re-election campaign

011

Candidate Name  
**HULTGREN, RANDY**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 14

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : SB23.7286

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. ISAKSON, JOHN HARDY**

Mailing Address PO BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement  
Contribution to Re-election campaign

011

Candidate Name  
**ISAKSON, JOHN HARDY**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: GA District: 00

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB23.7279

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

Full Name (Last, First, Middle Initial)

**A. LIPINSKI, DANIEL WILLIAM**

Mailing Address 4501 GRAND AVENUE

City WESTERN SPRINGS State IL Zip Code 60558

Purpose of Disbursement  
Contribution to Re-election campaign

011

Candidate Name

**LIPINSKI, DANIEL WILLIAM**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	1	5

Transaction ID : **SB23.7284**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. MCCAIN, JOHN S**

Mailing Address 228 SOUTH WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution to Re-election campaign

011

Candidate Name

**MCCAIN, JOHN S**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	5

Transaction ID : **SB23.7278**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. ROSKAM, PETER**

Mailing Address 141 Shelley Lane

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
Contribution to Re-election campaign

011

Candidate Name

**ROSKAM, PETER**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		7	3		2	0	1	5

Transaction ID : **SB23.7287**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8	5	0	0	0	0	0	0	0	0
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8	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

Full Name (Last, First, Middle Initial)

**A. SCHUMER, CHARLES E**

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement  
Contribution to Re-election campaign

011

Category/  
Type

Candidate Name  
**SCHUMER, CHARLES E**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NY District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2015

Transaction ID : **SB23.7282**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER RD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
Contribution to campaign committee

011

Category/  
Type

Candidate Name  
**TIM SCOTT FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: SC District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2015

Transaction ID : **SB23.7309**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00

**TOTAL** This Period (last page this line number only)..... ▶

21737.50

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**To Protect Our Heritage PAC**

Full Name (Last, First, Middle Initial)

### A. The Robert Menendez Legal Expense Trust

Mailing Address 1700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution to legal defense trust

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

012  
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2015

Transaction ID : SB29.7301

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2500.00
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2500.00
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