

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

To Protect Our Heritage PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer Alan E. Molotsky [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**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="2016"/>		181034.24
(b) Cash on Hand at Beginning of Reporting Period.....	178374.84	
(c) Total Receipts (from Line 19)	10520.00	25243.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	188894.84	206277.24
7. Total Disbursements (from Line 31).....	13470.81	30853.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	175424.03	175424.03
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	

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: 04 / 01 / 2016 To: 06 / 30 / 2016

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).....	9800.00	21836.00
(ii) Unitemized	720.00	3407.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10520.00	25243.00
(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)	10520.00	25243.00
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.).....	0.00	0.00
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))..... ▶	10520.00	25243.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10520.00	25243.00

DETAILED SUMMARY PAGE
of Disbursements

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	3270.81	4653.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3270.81	4653.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	25000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	1200.00	1200.00
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	0.00	0.00
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)) ..	13470.81	30853.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13470.81	30853.21

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)	10520.00	25243.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10520.00	25243.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3270.81	4653.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3270.81	4653.21

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

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

FOR LINE NUMBER: PAGE 6 OF 14
(check only one)

<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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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)
A. Larry Hochberg

Mailing Address 180 E. Pearson St., Apt. 6105

City	State	Zip Code
CHicago	IL	60611

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

Name of Employer	Occupation
Self	Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2016

Transaction ID : SA11AI.7412

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution to our PAC

Full Name (Last, First, Middle Initial)
B. Mr. Jules Laser

Mailing Address 6 W. Hubbard St.

City	State	Zip Code
Chicago	IL	60611

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

Name of Employer	Occupation
Laser Pokorney Schwartz	Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2016

Transaction ID : SA11AI.7428

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution to our PAC

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

Mailing Address 1639 Thornwood Lane

City	State	Zip Code
Highland Park	LA	60035

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

Name of Employer	Occupation
Lavin and Waldon	Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	01	/	2016

Transaction ID : SA11AI.7439

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution to our PAC

SUBTOTAL of Receipts This Page (optional).....	▶	3000.00
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 7 OF 14
	<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

A. Stephen Malkin
Full Name (Last, First, Middle Initial)

Mailing Address 440 Lakeside Terrace

City Glencoe State IL Zip Code 60022

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

Name of Employer Range Capital Management Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 07 / 2016
Transaction ID : SA11AI.7416

Amount of Each Receipt this Period 5000.00

Memo Item
Contribution to our PAC

B. Ronnie Masliansky
Full Name (Last, First, Middle Initial)

Mailing Address 9140 Dr. Korczak

City Skokie State IL Zip Code 60076

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

Name of Employer Arcelor Mittal USA Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 19 / 2016
Transaction ID : SA11AI.7432

Amount of Each Receipt this Period 600.00

Memo Item
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 ▼ 600.00

Date of Receipt 04 / 18 / 2016
Transaction ID : SA11AI.7413

Amount of Each Receipt this Period 600.00

Memo Item
Contribution to our PAC

SUBTOTAL of Receipts This Page (optional).....▶	6200.00
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: PAGE 8 OF 14
(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)
Lynn S Shapiro

Mailing Address 8852 Lowell Terr

City Skokei State IL Zip Code 60076

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

Name of Employer Self Occupation Education Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2016

Transaction ID : SA11AI.7436

Amount of Each Receipt this Period
600.00

Memo Item
Contribution to our PAC

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	9800.00

**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. Barry Berkowitz

Mailing Address 3917 Lee Street

City Skokie State IL Zip Code 60076

Purpose of Disbursement
Reimburse refreshments for educational meeting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7393

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Constant Contact .com

Mailing Address 1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement
Fee for e-mail service annual

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7399

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Wendy Lake

Mailing Address 3610 Dundee

City Northbrook State IL Zip Code 60062

Purpose of Disbursement
Assistance with PAC educational event

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7404

Amount of Each Disbursement this Period

Memo Item

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

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

A. Merchant Services Credit Processing

Full Name (Last, First, Middle Initial)

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
04 / 05 / 2016

Transaction ID : SB21B.7402

Amount of Each Disbursement this Period: 99.84

Memo Item

Category/Type: 003

B. Merchant Services Credit Processing

Full Name (Last, First, Middle Initial)

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
05 / 05 / 2016

Transaction ID : SB21B.7403

Amount of Each Disbursement this Period: 62.49

Memo Item

Category/Type: 003

C. Merchant Services Credit Processing

Full Name (Last, First, Middle Initial)

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
06 / 05 / 2016

Transaction ID : SB21B.7409

Amount of Each Disbursement this Period: 37.90

Memo Item

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional)..... ▶ 200.23

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. Peggy P. Shapiro

Mailing Address 805 Fountain View

City Deerfield State IL Zip Code 60015

Purpose of Disbursement
Reimburse educational event expenses

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.7397

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Victor Weissberg

Mailing Address 4820 W. Sherwin

City Lincolnwood State IL Zip Code 60712

Purpose of Disbursement
Fundraising for PAC

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.7405

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Victor Weissberg

Mailing Address 4820 W. Sherwin

City Lincolnwood State IL Zip Code 60712

Purpose of Disbursement
Reimburse for flag for PAC events and display

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.7396

Amount of Each Disbursement this Period

Memo Item

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

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. ENGEL FOR CONGRESS

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement
Contribution to election committee

011

Candidate Name

ENGEL FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 17

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : **SB23.7391**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HASTINGS, ALCEE L

Mailing Address 2235 RAYBURN OFFICE BUILDING

City State Zip Code
WASHINGTON DC 20515

Purpose of Disbursement
Contribution to candidate's campaign

011

Candidate Name

HASTINGS, ALCEE L

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 20

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : **SB23.7408**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOHNSON, RONALD HAROLD

Mailing Address PO Box 628368

City State Zip Code
Middleton WI 53562

Purpose of Disbursement
Contribution to election committee

011

Candidate Name

JOHNSON, RONALD HAROLD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : **SB23.7390**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8000.00

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. PORTMAN FOR SENATE COMMITTEE

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement
Contribution to election committee

Candidate Name
PORTMAN FOR SENATE COMMITTEE

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
04 / 11 / 2016

Transaction ID : **SB23.7392**

Amount of Each Disbursement this Period
1000.00

Memo Item

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) ▼

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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) ▼

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	9000.00

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) To Protect Our Heritage PAC			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee Mailing Address City State ZIP Code	
Full Name (Last, First, Middle Initial) of Each Payee Express Printing Center		<input type="checkbox"/> Memo Item	Purpose of Expenditure Printing for August 2016 Bob Dold event
Mailing Address 309 N. Wolf Road			Category/Type 007
City State Zip Code Wheeling IL 60090			Date MM / DD / YYYY 06 / 05 / 2016
Name of Federal Candidate Supported Robert Dold	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: IL District: 10	Amount 550.00
Aggregate General Election Expenditure for this Candidate ▶		1200.00	Transaction ID : SF.7441
Full Name (Last, First, Middle Initial) of Each Payee Shalom Kaufman Design		<input type="checkbox"/> Memo Item	Purpose of Expenditure Invitation design August event
Mailing Address 1470 S. Rexford Dr., Suite 301			Category/Type 007
City State Zip Code Los Angeles CA 90035			Date MM / DD / YYYY 06 / 03 / 2016
Name of Federal Candidate Supported Robert Dold	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: IL District: 10	Amount 400.00
Aggregate General Election Expenditure for this Candidate ▶		650.00	Transaction ID : SF.7420
Full Name (Last, First, Middle Initial) of Each Payee The Art Center		<input type="checkbox"/> Memo Item	Purpose of Expenditure Reserve location for August 2016 Bob Dold Event
Mailing Address 1957 Sheridan Road			Category/Type 007
City State Zip Code Highland Park IL 60035			Date MM / DD / YYYY 05 / 03 / 2016
Name of Federal Candidate Supported Robert Dold	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: IL District: 10	Amount 250.00
Aggregate General Election Expenditure for this Candidate ▶		250.00	Transaction ID : SF.7425
SUBTOTAL of Expenditures This Page (optional).....▶		1200.00	
TOTAL This Period (last page this line number only).....▶		1200.00	