

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED

1. (a) NAME OF COMMITTEE IN FULL: **To Protect Our Heritage Political Action Committee**
 (b) Number and Street Address: **2421 W. Pratt**
 (c) City, State and ZIP Code: **Chicago IL 60645**
 FEDERAL ELECTION COMMISSION
 COMMUNICATIONS DIVISION
 400 MICHIGAN AVENUE, N.W.
 WASHINGTON, D.C. 20543
 SEP 16 11 29 AM '94
 C00135541
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 WASHINGTON, D.C. 20543
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5. TYPE OF COMMITTEE (Check one)

(i) This committee is a principal campaign committee. (Complete the candidate information below.)

(ii) This committee is an authorized committee, but is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: _____
 Candidate Party Affiliation: _____ Office Sought: _____ State/District: _____
 (c) This committee supports/opposes or is not a candidate: _____
 (d) This committee is a _____ (National, State or subordinate) committee of the _____ Party.
 (e) This committee is a separate segregated fund.
 (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
None		

6. Type of Connected Organization: _____
 (Corporation, Corporation with Capital Stock, Labor Organization, Membership Organization, Trade Association, Cooperative)

7. Qualification of Recorder: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records:
 Full Name: **Ida Kamen**
 Mailing Address: **8553 N. Drake Skokie, IL 60076**
 Title or Position: **Treasurer**

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer):
 Full Name: **Ida Kamen**
 Mailing Address: **8553 N. Drake Skokie, IL 60076**
 Title or Position: **Treasurer**

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.
 Name of Bank, Depository, etc.: **Brickyard Bank**
 Mailing Address and ZIP Code: **6676 N. Lincoln Ave. Lincolnwood, IL 60465-3631**

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.
 TYPE OR PRINT NAME OF TREASURER: **Ida Kamen**
 SIGNATURE OF TREASURER: *Ida Kamen*
 DATE: **8/29/94**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
 Federal Election Commission
 Toll-free: 800-424-9530
 Local: 202-375-9120

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<p>Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS</p> <p>The Commission has added this page to the end of this filing to indicate how it was received.</p>	
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