

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 checked="" 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.

Molotsky, Alan, E., ,

Type or Print Name of Treasurer

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

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2020"/> | <input type="text" value="228634.77"/> | <input type="text" value="228634.77"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="149847.52"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="3736.00"/> | <input type="text" value="38705.00"/> |
| (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="153583.52"/> | <input type="text" value="267339.77"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="2069.67"/> | <input type="text" value="115825.92"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="151513.85"/> | <input type="text" value="151513.85"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY 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. 05/2016)

Write or Type Committee Name

To Protect Our Heritage PAC

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

| 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)..... | 3000.00 | 34381.00 |
| (ii) Unitemized | 736.00 | 4324.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 3736.00 | 38705.00 |
| (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) | 3736.00 | 38705.00 |
| 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)).....▶ | 3736.00 | 38705.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 3736.00 | 38705.00 |

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 | 69.67 | 8325.92 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 69.67 | 8325.92 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 2000.00 | 107500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) .. | 2069.67 | 115825.92 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 2069.67 | 115825.92 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) | 3736.00 | 38705.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 3736.00 | 38705.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 69.67 | 8325.92 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 69.67 | 8325.92 |

**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 10 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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

A. Bellows, Shael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9126 N. Keystone
 City Skokie State IL Zip Code 60076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kensington Group LLC Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2020
Transaction ID : SA11AI.8888
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Contribution to our PAC

B. Chambers, Larry, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2724 W. Chase
 City Chicago State IL Zip Code 60645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Larry A. Chambers Ltd Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2020
Transaction ID : SA11AI.8889
 Amount of Each Receipt this Period 400.00
 Memo Item
 Contribution to our PAC

C. Dolin, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3039 Hill Street
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Weiss Memorial Hospital Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2020
Transaction ID : SA11AI.8811
 Amount of Each Receipt this Period 200.00
 Memo Item
 Contribution to our PAC

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1600.00 |
| 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 10 |
| | <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. Kupietzky, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9110 Karlov Ave.
 City Skokie State IL Zip Code 60076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCI Executive Interim Mgmt Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2020
Transaction ID : SA11AI.8898
 Amount of Each Receipt this Period 400.00
 Memo Item
 Contribution to our PAC

B. Reitman, Sheldon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6401 N. Knox
 City Lincolnwood State IL Zip Code 60712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2020
Transaction ID : SA11AI.8890
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution to our PAC

C. Sandler, Beverly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2335 Robertson Lane
 City Flossmoor State IL Zip Code 60422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Shoe store owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 20 / 2020
Transaction ID : SA11AI.8891
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution to our PAC

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| 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 10
(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 of Individual (Last, First, Middle Initial) or Full Organization Name
Weininger, Bruce, A., ,

Mailing Address 2550 Steven Lane

City Northbrook State IL Zip Code 60062

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

Name of Employer (for Individual) Kovitz Investment Group Occupation (for Individual) Principal

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
 10 / 15 / 2020

Transaction ID : SA11AI.8887

Amount of Each Receipt this Period
500.00

Memo Item
Contribution to our PAC

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 3000.00 |

**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"/> 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

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 05 / 2020

FEC Identification Number

Transaction ID : SB21B.8902
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 11128 John Galt Road

City Omaha State NE Zip Code 68137

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 08 / 2020

FEC Identification Number

Transaction ID : SB21B.8901
Amount of Each Disbursement this Period

Memo Item

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
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number

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"/> 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. BUSTOS, CHERI

Mailing Address PO BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement
Campaign contribution

011
Category/
Type

Candidate Name
BUSTOS, CHERI

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: IL District: 17

Date of Disbursement

/ /

FEC Identification Number

C C00498568

Transaction ID : SB23.8893

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MILLER-MEEKS, MARIANNETTE JANE

Mailing Address 11674 90TH ST

City OTTUMWA State IA Zip Code 52501

Purpose of Disbursement
Contribution to campaign

011
Category/
Type

Candidate Name
MILLER-MEEKS, MARIANNETTE JANE

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: IA District: 02

Date of Disbursement

/ /

FEC Identification Number

C C00558825

Transaction ID : SB23.8895

Amount of Each Disbursement this Period

Memo Item

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

/ /

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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