

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. 12FE4M5

To Protect Our Heritage PAC

ADDRESS (number and street) 2421 W. Pratt

Check if different than previously reported. (ACC) Chicago IL 60645

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

C C00135541

3. IS THIS REPORT NEW (N) OR AMENDED (A) 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:
 - Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)
- (c) 12-Day PRE-Election Report for the:
 - Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)
- (d) 30-Day POST-Election Report for the:
 - General (30G)
 - Runoff (30R)
 - Special (30S)

5. Covering Period 07 / 01 / 2014 through 09 / 30 / 2014

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 10 / 15 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>		226571.77
(b) Cash on Hand at Beginning of Reporting Period.....	219939.40	
(c) Total Receipts (from Line 19)	4514.58	18526.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	224453.98	245097.93
7. Total Disbursements (from Line 31).....	26416.50	47060.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	198037.48	198037.48
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

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).....	3750.00	15750.00
(ii) Unitemized	580.00	2344.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	4330.00	18094.00
(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)	4330.00	18094.00
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.).....	184.58	432.16
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))..... ▶	4514.58	18526.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4514.58	18526.16

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	1018.40	2862.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1018.40	2862.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	41800.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	2398.10	2398.10
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)) ..	26416.50	47060.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26416.50	47060.45

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)	4330.00	18094.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4330.00	18094.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1018.40	2862.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1018.40	2862.35

**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 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. David Aronin			Date of Receipt MM / DD / YYYY 07 / 27 / 2014 Transaction ID : SA11AI.7021
Mailing Address 8607 N. Harding			Amount of Each Receipt this Period 200.00
City Skokie	State IL	Zip Code 60076	Contribution to our PAC
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00	
Name of Employer Extended Care Consulting, LLC		Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Tomer Bitton			Date of Receipt MM / DD / YYYY 08 / 26 / 2014 Transaction ID : SA11AI.7035
Mailing Address 2949 W. Greenleaf Ave.			Amount of Each Receipt this Period 600.00
City Chicago	State IL	Zip Code 60045	Contribution to our PAC
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 600.00	
Name of Employer Crescent Heights		Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Michael Friedman			Date of Receipt MM / DD / YYYY 08 / 26 / 2014 Transaction ID : SA11AI.7034
Mailing Address 8704 Hamlin Ave			Amount of Each Receipt this Period 600.00
City Skokie	State LA	Zip Code 60076	Contribution to our PAC
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 600.00	
Name of Employer MHP International		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 18
<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

Full Name (Last, First, Middle Initial) A. Gary Hoberman		Date of Receipt MM / DD / YYYY 07 / 27 / 2014 Transaction ID : SA11AI.7020
Mailing Address 4201 Davis Street		Amount of Each Receipt this Period 250.00
City Skokie	State IL	Zip Code 60076
FEC ID number of contributing federal political committee. C		Contribution to our PAC
Name of Employer Northwest Suburban Podiatry	Occupation Podiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ralph Samek		Date of Receipt MM / DD / YYYY 08 / 26 / 2014 Transaction ID : SA11AI.7036
Mailing Address 650 W. Lake St. Suite 320		Amount of Each Receipt this Period 300.00
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Contribution to our PAC
Name of Employer Woodlake Technologies, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. David Schechter		Date of Receipt MM / DD / YYYY 08 / 26 / 2014 Transaction ID : SA11AI.7033
Mailing Address 9016 Pottawattami		Amount of Each Receipt this Period 600.00
City Skokie	State IL	Zip Code 60076
FEC ID number of contributing federal political committee. C		Contribution to our PAC
Name of Employer Infinity Health	Occupation Heath Care Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
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 18
(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. Oren Skidelsky

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 **08 / 26 / 2014**

Transaction ID : SA11AI.7032

Amount of Each Receipt this Period **600.00**

Contribution to our PAC

Full Name (Last, First, Middle Initial)
B. Heschell Wengrow

Mailing Address 7400 N. Francisco

City Chicago State IL Zip Code 60645

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

Name of Employer Requested Information Occupation Requested Information

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **07 / 27 / 2014**

Transaction ID : SA11AI.7022

Amount of Each Receipt this Period **600.00**

Contribution to our PAC

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

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

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	3750.00

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

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

FOR LINE NUMBER: PAGE 9 OF 18
(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 ▼ **432.16**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : SA17.7000

Amount of Each Receipt this Period
184.58

Interest earned

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 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 Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	184.58
TOTAL This Period (last page this line number only).....▶	184.58

**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. Constant Contact .com

Date of Disbursement
MM / DD / YYYY
07 / 13 / 2014

Mailing Address 1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement
E-mail management service

Candidate Name

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

State: District:

Transaction ID : **SB21B.7015**

Amount of Each Disbursement this Period
58.44

Category/Type
001

Full Name (Last, First, Middle Initial)
B. Constant Contact .com

Date of Disbursement
MM / DD / YYYY
08 / 26 / 2014

Mailing Address 1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement
E-mail management service

Candidate Name

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

State: District:

Transaction ID : **SB21B.7016**

Amount of Each Disbursement this Period
58.44

Category/Type
001

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

Date of Disbursement
MM / DD / YYYY
07 / 07 / 2014

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
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.7017**

Amount of Each Disbursement this Period
149.54

Category/Type
003

SUBTOTAL of Disbursements This Page (optional)..... ▶ 266.42

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 / 04 / 2014

Transaction ID : SB21B.7018

Amount of Each Disbursement this Period

155.01

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 / 04 / 2014

Transaction ID : SB21B.7019

Amount of Each Disbursement this Period

83.97

Full Name (Last, First, Middle Initial)

C. The Mail Post

Mailing Address 2421 W. Pratt

City Chicago State IL Zip Code 60645

Purpose of Disbursement
Mailing service - general operations

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2014

Transaction ID : SB21B.6993

Amount of Each Disbursement this Period

234.00

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

472.98

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. The Mail Post

Mailing Address 2421 W. Pratt

City Chicago State IL Zip Code 60645

Purpose of Disbursement
POstage for mailing service

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6994

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

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

/ /

Amount of Each Disbursement this Period

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

/ /

Amount of Each Disbursement this Period

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. BOBBY SCHILLING FOR CONGRESS

Mailing Address 367 AVENUE OF THE CITIES SUITE D

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement
Contribution to campaign for Congress

011

Candidate Name
BOBBY SCHILLING FOR CONGRESS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: IL District: 17

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : **SB23.7010**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. COTTON FOR SENATE

Mailing Address PO BOX 379

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement
Contribution to campaign for Senate

011

Candidate Name
COTTON FOR SENATE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: AR District: 04

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : **SB23.7007**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. DOLD FOR CONGRESS

Mailing Address PO BOX 6312

City LIBERTYVILLE State IL Zip Code 60048

Purpose of Disbursement
Contribution to campaign for election

011

Candidate Name
DOLD FOR CONGRESS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: IL District: 10

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2014

Transaction ID : **SB23.6999**

Amount of Each Disbursement this Period

3000.00

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

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. ENGEL FOR CONGRESS

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement
Contribution to campaign for re-election

Candidate Name
ENGEL FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: NY District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	4

Transaction ID : SB23.6997

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. JONI ERNST FOR US SENATE INC

Mailing Address PO BOX 93441

City State Zip Code
DES MOINES IA 50393

Purpose of Disbursement
Contribution to Campaign for Senate

Candidate Name
JONI ERNST FOR US SENATE INC

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: IA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

Transaction ID : SB23.7005

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. SASSE, BENJAMIN E

Mailing Address 105 EAST 6TH STREET

City State Zip Code
FREMONT NE 68025

Purpose of Disbursement
Contribution to campaign for Senate

Candidate Name
SASSE, BENJAMIN E

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: NE District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

Transaction ID : SB23.7006

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	3	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement
Contribution to campaign for Congress

Candidate Name
WALORSKI FOR CONGRESS INC

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IN District: 02

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2014

Transaction ID : SB23.7009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00

23000.00

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 Cheryl Lewin		Purpose of Expenditure Refreshments for Fundraiser	011 Category/Type
Mailing Address 1560 N Sandburg Terrace		Date MM / DD / YYYY 08 / 26 / 2014	
City Chicago	State IL	Zip Code 60610	Amount 77.76
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	
Aggregate General Election Expenditure for this Candidate ▶ 1814.10		Transaction ID : SF.7047	

Full Name (Last, First, Middle Initial) of Each Payee Mlnuteman Press		Purpose of Expenditure Printing for fundraiser	011 Category/Type
Mailing Address 20574 N. Milwaukee Ave.		Date MM / DD / YYYY 07 / 15 / 2014	
City Deerfield	State IL	Zip Code 60015	Amount 582.00
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	
Aggregate General Election Expenditure for this Candidate ▶ 582.00		Transaction ID : SF.7045	

Full Name (Last, First, Middle Initial) of Each Payee Reliable Mail Services, Inc.		Purpose of Expenditure Postage and mailing of invitation to fundraiser	011 Category/Type
Mailing Address 5115 Suffield Terrace		Date MM / DD / YYYY 08 / 13 / 2014	
City Skokie	State IL	Zip Code 60077	Amount 513.94
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	
Aggregate General Election Expenditure for this Candidate ▶ 1095.94		Transaction ID : SF.7012	

SUBTOTAL of Expenditures This Page (optional)..... ▶	1173.70
TOTAL This Period (last page this line number only)..... ▶	

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	
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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 Peggy P. Shapiro	Purpose of Expenditure Refreshments for fundraiser	011 Category/Type
Mailing Address 805 Fountain View	Date MM / DD / YYYY 08 / 17 / 2014	
City State Zip Code Deerfield IL 60015	Amount 465.40	
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
Aggregate General Election Expenditure for this Candidate ▶	1736.34 Transaction ID : SF.7041	

Full Name (Last, First, Middle Initial) of Each Payee Peggy P. Shapiro	Purpose of Expenditure Printing for fundraiser	011 Category/Type
Mailing Address 805 Fountain View	Date MM / DD / YYYY 09 / 08 / 2014	
City State Zip Code Deerfield IL 60015	Amount 84.00	
Name of Federal Candidate Supported MARK STEVEN KIRK	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: IL District: _____
Aggregate General Election Expenditure for this Candidate ▶	584.00 Transaction ID : SF.7042	

Full Name (Last, First, Middle Initial) of Each Payee The Art Center	Purpose of Expenditure Rental payment for planned fundraiser	011 Category/Type
Mailing Address 1957 Sheridan Road	Date MM / DD / YYYY 08 / 08 / 2014	
City State Zip Code Highland Park IL 60035	Amount 500.00	
Name of Federal Candidate Supported MARK STEVEN KIRK	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: IL District: _____
Aggregate General Election Expenditure for this Candidate ▶	500.00 Transaction ID : SF.7040	

SUBTOTAL of Expenditures This Page (optional).....▶	1049.40
TOTAL This Period (last page this line number only).....▶	

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	Full Name of Subordinate Committee
If YES, name the designating committee:	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee The Art Center	Purpose of Expenditure Rental for fundraiser	Category/Type 011
Mailing Address 1957 Sheridan Road	Date MM / DD / YYYY 08 / 15 / 2014	
City Highland Park State IL Zip Code 60035	Amount 175.00	
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	Aggregate General Election Expenditure for this Candidate 1270.94	
Transaction ID : SF.7014		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Aggregate General Election Expenditure for this Candidate	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Aggregate General Election Expenditure for this Candidate	

SUBTOTAL of Expenditures This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	2398.10