

# 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:
- 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)
- Election on  /  /  in the State of
- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - 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.

**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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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: PAGE 6 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. David Aronin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8607 N. Harding  
 City Skokie State IL Zip Code 60076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Extended Care Consulting, LLC Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 27 / 2014  
**Transaction ID : SA11AI.7021**  
 Amount of Each Receipt this Period 200.00  
 Contribution to our PAC

**B. Tomer Bitton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2949 W. Greenleaf Ave.  
 City Chicago State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Crescent Heights Occupation Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 26 / 2014  
**Transaction ID : SA11AI.7035**  
 Amount of Each Receipt this Period 600.00  
 Contribution to our PAC

**C. Michael Friedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8704 Hamlin Ave  
 City Skokie State LA Zip Code 60076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Master Massage Tables Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 26 / 2014  
**Transaction ID : SA11AI.7034**  
 Amount of Each Receipt this Period 600.00  
 Contribution to our PAC

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

<input type="checkbox"/> 12	<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. Gary Hoberman</b>		Date of Receipt MM / DD / YYYY 07 / 27 / 2014
Mailing Address 4201 Davis Street		<b>Transaction ID : SA11AI.7020</b>
City Skokie	State IL	Zip Code 60076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwest Suburban Podiatry	Occupation Podiatrist	Contribution to our PAC
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>B. Ralph Samek</b>		Date of Receipt MM / DD / YYYY 08 / 26 / 2014
Mailing Address 650 W. Lake St. Suite 320		<b>Transaction ID : SA11AI.7036</b>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Woodlake Technologies, Inc.	Occupation President	Contribution to our PAC
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) <b>C. David Schechter</b>		Date of Receipt MM / DD / YYYY 08 / 26 / 2014
Mailing Address 9016 Pottawattami		<b>Transaction ID : SA11AI.7033</b>
City Skokie	State IL	Zip Code 60076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Infinity Health	Occupation Heath Care Executive	Contribution to our PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<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 8 OF 18  
(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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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
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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  

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

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

M M M	/	D D D	/	Y Y Y Y Y Y
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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).....▶	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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	184.58
<b>TOTAL</b> 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**

Mailing Address 1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement  
E-mail management service

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 / 13 / 2014

Transaction ID : SB21B.7015

Amount of Each Disbursement this Period

58.44

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  
E-mail management service

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2014

Transaction ID : SB21B.7016

Amount of Each Disbursement this Period

58.44

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  
07 / 07 / 2014

Transaction ID : SB21B.7017

Amount of Each Disbursement this Period

149.54

**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**

**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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 04 / 2014

**Transaction ID : SB21B.7018**

Amount of Each Disbursement this Period: 155.01

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 04 / 2014

**Transaction ID : SB21B.7019**

Amount of Each Disbursement this Period: 83.97

Category/Type: 003

**C. The Mail Post**

Full Name (Last, First, Middle Initial)

Mailing Address 2421 W. Pratt

City Chicago State IL Zip Code 60645

Purpose of Disbursement Mailing service - general operations

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 24 / 2014

**Transaction ID : SB21B.6993**

Amount of Each Disbursement this Period: 234.00

Category/Type: 001

**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

/  /

**Transaction ID : SB23.6997**

Amount of Each Disbursement this Period

Category/  
Type

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

/  /

**Transaction ID : SB23.7005**

Amount of Each Disbursement this Period

Category/  
Type

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

/  /

**Transaction ID : SB23.7006**

Amount of Each Disbursement this Period

Category/  
Type

**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. 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 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 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 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 <b>DOLD FOR CONGRESS</b>	Purpose of Expenditure Printing for fundraiser	011 Category/Type
Mailing Address PO BOX 6312	Date MM / DD / YYYY 07 / 15 / 2014	
City LIBERTYVILLE State IL Zip Code 60048	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 <b>DOLD FOR CONGRESS</b>	Purpose of Expenditure Postage and mailing of invitation to fundraiser	011 Category/Type
Mailing Address PO BOX 6312	Date MM / DD / YYYY 08 / 13 / 2014	
City LIBERTYVILLE State IL Zip Code 60048	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	

Full Name (Last, First, Middle Initial) of Each Payee <b>DOLD FOR CONGRESS</b>	Purpose of Expenditure Rental for fundraiser	011 Category/Type
Mailing Address PO BOX 6312	Date MM / DD / YYYY 08 / 15 / 2014	
City LIBERTYVILLE State IL Zip Code 60048	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	

<b>SUBTOTAL</b> of Expenditures This Page (optional)..... ▶	1270.94
<b>TOTAL</b> 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) <b>To Protect Our Heritage PAC</b>	
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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 <b>DOLD FOR CONGRESS</b>	Purpose of Expenditure Refreshments for fundraiser	<input type="text" value="011"/> Category/Type
Mailing Address PO BOX 6312	Date <input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>	
City LIBERTYVILLE State IL Zip Code 60048	Amount <input type="text" value="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 <input type="text" value="1736.34"/> <b>Transaction ID : SF.7041</b>	

Full Name (Last, First, Middle Initial) of Each Payee <b>DOLD FOR CONGRESS</b>	Purpose of Expenditure Refreshments for Fundraiser	<input type="text" value="011"/> Category/Type
Mailing Address PO BOX 6312	Date <input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>	
City LIBERTYVILLE State IL Zip Code 60048	Amount <input type="text" value="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 <input type="text" value="1814.10"/> <b>Transaction ID : SF.7047</b>	

Full Name (Last, First, Middle Initial) of Each Payee <b>KIRK FOR SENATE</b>	Purpose of Expenditure Rental payment for planned fundraiser	<input type="text" value="011"/> Category/Type
Mailing Address P.O. Box 8	Date <input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>	
City Winnetka State IL Zip Code 60093	Amount <input type="text" value="500.00"/>	
Name of Federal Candidate Supported MARK STEVEN KIRK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Presidential State: IL District: _____	Aggregate General Election Expenditure for this Candidate <input type="text" value="500.00"/> <b>Transaction ID : SF.7040</b>	

<b>SUBTOTAL</b> of Expenditures This Page (optional)..... ▶	<input type="text" value="1043.16"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text" value=""/>

**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 <b>KIRK FOR SENATE</b>		Purpose of Expenditure Printing for fundraiser	<b>011</b> Category/Type
Mailing Address P.O. Box 8		Date MM / DD / YYYY <b>09 / 08 / 2014</b>	
City Winnetka	State IL	Zip Code 60093	Amount <b>84.00</b>
Name of Federal Candidate Supported MARK STEVEN KIRK	Office Sought: <input checked="" type="checkbox"/> Senate	House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Presidential <input type="checkbox"/>	State: <b>IL</b> District: _____
Aggregate General Election Expenditure for this Candidate ▶ <b>584.00</b>		<b>Transaction ID : SF.7042</b>	

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

<b>SUBTOTAL</b> of Expenditures This Page (optional).....▶	<b>84.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2398.10</b>