

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
POSTAGE

1 NAME OF COMMITTEE (in full)
To Protect Our Heritage PAC
ADDRESS (number and street) Check if different than previously reported
2421 W. PRATT
CITY, STATE and ZIP CODE
Chicago, IL 60645

2 FEC IDENTIFICATION NUMBER
C00135546 1 12 24 PM '94

3 This committee qualified as a multicandidate committee DURING THIS Reporting Period or previously. (date) *Previously Qualified*

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____

_____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5	Covering Period <i>July 1, 1993</i> through <i>December 31, 1993</i>		
6	(a) Cash on Hand January 1, 19 <i>93</i>		\$ 1,569.91
	(b) Cash on Hand at Beginning of Reporting Period	\$ 3,627.58	
	(c) Total Receipts (from Line 19)	\$ 4,366.00	\$ 9,147.44
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 7,993.58	\$ 10,717.35
7	Total Disbursements (from Line 30)	\$ 2,947.45	\$ 5,671.22
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5,046.13	\$ 5,046.13
9	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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: *IDA KAMEN*

Signature of Treasurer

Date: *1/24/94*

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

**DETAILED SUMMARY STATEMENT
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE TO PROTECT OUR HERITAGE PAC		REPORT COVERING PERIOD FROM July 1, 1993 TO Dec 31, 1993	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11 Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		225.00	225
ii. Unitemized		4,141.00	8,922.49
iii. Total (add i and ii) >		4,366.00	9,147.49
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a i, b and c) >			
12 Transfers From Affiliated/Other Party Committees			
13 All Loans Received			
14 Loan Repayments Received			
15 Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16 Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17 Other Federal Receipts (Dividends, Interest, etc.)			
18 Transfers from Nonfederal Account for Joint Activity		4,366.00	9,147.49
19 Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		4,366.00	9,147.49
20 Total Federal Receipts (subtract line 18 from line 19) >			
II. Disbursements			
21 Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (Add a i, a ii, and b) >			
22 Transfers to Affiliated/Other Party Committees		1,000	1,000
23 Contributions to Federal Candidates/Committees and Other Political Committees			
24 Independent Expenditures (use Schedule E)			
25 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26 Loan Repayments Made			
27 Loans Made			
28 Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (Add a, b and c) >		1,947.45	4,671.22
29 Other Disbursements		2,947.45	5,671.22
30 Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		2,947.45	5,671.22
31 Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32 Total Contributions (other than loans) (from line 11d)		4,366.00	9,147.49
33 Total Contribution Refunds (from line 28d)		0	0
34 Net Contributions (other than loans) (subtract line 33 from line 32)		4,366.00	9,147.49
35 Total Federal Operating Expenditures (add 21 a i and 21 b) >		0	0
36 Offsets to Operating Expenditures (from line 15)		0	0
37 Net Operating Expenditures (subtract line 36 from line 35) >		0	0

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Any intension paper from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purpose, 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. Full Name, Mailing Address and ZIP Code Charles Berman 175 N Harbor Dr. A 5007 San Francisco, CA 94133	Name of Employer Self	Date (month, day, year) 7/2/93	Amount of Each Receipt this Period \$225
	Occupation _____	Aggregate Year-to-Date > \$ 225	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): MEMBERSHIP			

B. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	Aggregate Year-to-Date > \$ _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			

C. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	Aggregate Year-to-Date > \$ _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			

D. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	Aggregate Year-to-Date > \$ _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			

E. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	Aggregate Year-to-Date > \$ _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			

F. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	Aggregate Year-to-Date > \$ _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			

G. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	Aggregate Year-to-Date > \$ _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			

SUBTOTAL of Receipts This Page (optional)	225
TOTAL This Period (last page this line number only)	225

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

TO PROTECT OUR HERITAGE PAC

1. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Louis Gutierrez for Congress IL	Campaign Contribution	8/10/93	500
Porter for Congress IL	Campaign Contribution	8/23/93	500
2. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
3. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
4. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
5. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
6. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
7. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
8. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUB-TOTAL of Disbursements This Page (optional)	1000
TOTAL This Period (last page this line number only)	1000

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

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

TO PROTECT OUR HERITAGE PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Alex Molotsky 5939 W. Greenwood Skokie, IL 60076	Mailing Supplies + Postage N/A	7/14/93 8/31/93	500 217
Jane Cohn 9107 Meade Pleasanton, GA, IL 60053	Printing N/A	8/16/93	18.71
Mail Post 2421 W. Armit Chicago, IL 60645	Mailing Service N/A	8/30/93	108
US Post Office Skokie, IL 60076	Postage N/A	8/31/93	870
Amalgamated Bank Monroe & State St. Chicago IL 60602	Bank Fees N/A	Various 7/93 - 12/93	233.74
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1,947.45

TOTAL This Period (last page this line number only)

1,947.45

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT 1
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/25/94
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED and/or DATE OF RECEIPT
E.S. PREPARER	2/5/94 DATE PREPARED

9 4 3 3 3 2