

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)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 10 / 01 / 2014 through 11 / 24 / 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 12 / 04 / 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"/>		<input type="text" value="226571.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="198037.48"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13418.50"/>	<input type="text" value="31944.66"/>
(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="211455.98"/>	<input type="text" value="258516.43"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8088.59"/>	<input type="text" value="55149.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="203367.39"/>	<input type="text" value="203367.39"/>
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

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).....	13030.00	28780.00
(ii) Unitemized	388.50	2732.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13418.50	31512.50
(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)	13418.50	31512.50
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	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))..... ▶	13418.50	31944.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13418.50	31944.66

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	1301.65	4164.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1301.65	4164.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4850.00	46650.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	1936.94	4335.04
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)) ..	8088.59	55149.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8088.59	55149.04

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)	13418.50	31512.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13418.50	31512.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1301.65	4164.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1301.65	4164.00

**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 16
	<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

A. Mr. Grant Bagan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1068 Saxony Dr.
 City Highland Park State IL Zip Code 60035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McDermott Will & Emery Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 28 / 2014**
Transaction ID : SA11AI.7077
 Amount of Each Receipt this Period **250.00**
 Contribution to our PAC

B. Marlys Beider
 Full Name (Last, First, Middle Initial)
 Mailing Address 1242 N. Lake Shore Drive
 City Chicago State IL Zip Code 60610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Hotel Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **10 / 28 / 2014**
Transaction ID : SA11AI.7081
 Amount of Each Receipt this Period **2000.00**
 Contribution to our PAC

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

Date of Receipt **10 / 13 / 2014**
Transaction ID : SA11AI.7089
 Amount of Each Receipt this Period **1000.00**
 Contribution to our PAC

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 7 OF 16
(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. Barry Berkowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3917 Lee Street
 City Skokie State IL Zip Code 60076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Accountant
 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 / 13 / 2014
Transaction ID : SA11AI.7090
 Amount of Each Receipt this Period 500.00
 Contribution to our PAC

B. Alan Cahn
 Full Name (Last, First, Middle Initial)
 Mailing Address 6653 N. Minnehaha
 City Lincolnwood State IL Zip Code 60712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Walgreens Occupation Pharmacist
 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 / 28 / 2014
Transaction ID : SA11AI.7076
 Amount of Each Receipt this Period 500.00
 Contribution to our PAC

C. William DeWoskin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 N. Lakeshore Dr., #27B
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Real Estate Investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11AI.7082
 Amount of Each Receipt this Period 1000.00
 Contribution to our PAC

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 8 OF 16
	<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) A. Philip Finkel		Date of Receipt 10 / 13 / 2014 Transaction ID : SA11AI.7085
Mailing Address 8636 N. Keeler		Amount of Each Receipt this Period 280.00
City Skokie	State IL	Zip Code 60076
FEC ID number of contributing federal political committee. C		Contribution to our PAC
Name of Employer Illinois Center Dental Assoc.	Occupation Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. Stuart Hanfling		Date of Receipt 11 / 03 / 2014 Transaction ID : SA11AI.7084
Mailing Address 11N120 Williamsburg Dr.		Amount of Each Receipt this Period 250.00
City Elgin	State IL	Zip Code 60124
FEC ID number of contributing federal political committee. C		Contribution to our PAC
Name of Employer Colemont Insurance	Occupation Insurance Broker	
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) C. Mr. Mickey Harris		Date of Receipt 10 / 28 / 2014 Transaction ID : SA11AI.7083
Mailing Address 7351 N. Keeler		Amount of Each Receipt this Period 500.00
City Lincolnwood	State IL	Zip Code 60712
FEC ID number of contributing federal political committee. C		Contribution to our PAC
Name of Employer Imperial Nursing Center	Occupation Building Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1030.00
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 9 OF 16
(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. Lawrence Savitt

Mailing Address 1771 Mission Hills #316

City State Zip Code
Northbrook IL 60062

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

Name of Employer Occupation
Retired Retired

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 / 28 / 2014
Transaction ID : SA11AI.7079

Amount of Each Receipt this Period
500.00

Contribution to our PAC

Full Name (Last, First, Middle Initial)
B. Laurie A Siegel

Mailing Address 98 Washington Ave

City State Zip Code
Morristown NJ 07950

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2014
Transaction ID : SA11AI.7092

Amount of Each Receipt this Period
1000.00

Contribution to our PAC

Full Name (Last, First, Middle Initial)
C. Mr. Richard Templar

Mailing Address 180 N. Stetson Ave.

City State Zip Code
Chicago IL 60601

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11AI.7080

Amount of Each Receipt this Period
5000.00

Contribution to our PAC

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

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 10 OF 16
(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

A. Full Name (Last, First, Middle Initial)
Arnold Weiner

Mailing Address 4545 W. Touhy #410

City Lincolnwood State IL Zip Code 60712

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

Name of Employer Clover Insurance Agency, Inc. Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11A1.7078

Amount of Each Receipt this Period
 250.00

Contribution to our PAC

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).....▶	250.00
TOTAL This Period (last page this line number only).....▶	13030.00

**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"/> 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
Mailing and E-mailing Service Supporter

003
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B.7074

Amount of Each Disbursement this Period

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
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B.7068

Amount of Each Disbursement this Period

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
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B.7069

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 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. Pace Printing

Mailing Address 2421 W. Pratt

City Chicago State IL Zip Code 60645

Purpose of Disbursement Envelopes for PAC mailings

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 18 / 2014

Transaction ID : SB21B.7061

Amount of Each Disbursement this Period: 770.00

Category/Type: 011

Full Name (Last, First, Middle Initial)

B.

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:

Amount of Each Disbursement this Period:

Category/Type:

Full Name (Last, First, Middle Initial)

C.

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:

Amount of Each Disbursement this Period:

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... ▶ 770.00

TOTAL This Period (last page this line number only)..... ▶ 981.02

**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. BOOKER, CORY A

Mailing Address PO BOX 32237

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement
Contribution to Campaign Fund

011

Candidate Name

BOOKER, CORY A

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 00

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2014

Transaction ID : **SB23.7053**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARK STEVEN KIRK

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Contribution to Campaign Committee

003

Candidate Name

MARK STEVEN KIRK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : **SB23.7060**

Amount of Each Disbursement this Period

2100.00

Full Name (Last, First, Middle Initial)

C. LIPINSKI, DANIEL WILLIAM

Mailing Address 4501 GRAND AVENUE

City WESTERN SPRINGS State IL Zip Code 60558

Purpose of Disbursement
Contribution to Campaign Fund

011

Candidate Name

LIPINSKI, DANIEL WILLIAM

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 03

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2014

Transaction ID : **SB23.7054**

Amount of Each Disbursement this Period

1000.00

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

4100.00

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

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NAME OF COMMITTEE (In Full)
To Protect Our Heritage PAC

Full Name (Last, First, Middle Initial)

A. VISCLOSKY FOR CONGRESS

Mailing Address POST OFFICE BOX 10003

City MERRILLVILLE State IN Zip Code 46411

Purpose of Disbursement
Contribution to Campaign Fund

011

Candidate Name
VISCLOSKY FOR CONGRESS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IN District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB23.7057

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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)..... ▶

750.00

4850.00

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	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 Garden Fresh Market	Purpose of Expenditure Refreshments for fundraising event	<input type="text" value="011"/> Category/Type
Mailing Address 275 Skokie Blvd.	Date	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Northbrook State IL Zip Code 60062	Amount	<input type="text" value="680.70"/>
Name of Federal Candidate Supported MARK STEVEN KIRK	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>IL</u> District: _____
Aggregate General Election Expenditure for this Candidate ▶ <input type="text" value="1702.61"/>	Transaction ID : SF.7058	

Full Name (Last, First, Middle Initial) of Each Payee Minuteman Press	Purpose of Expenditure Mailing Services for Fund Raising Event	<input type="text" value="011"/> Category/Type
Mailing Address 20574 N. Milwaukee Ave.	Date	<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City Deerfield State IL Zip Code 60015	Amount	<input type="text" value="363.40"/>
Name of Federal Candidate Supported MARK STEVEN KIRK	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>IL</u> District: _____
Aggregate General Election Expenditure for this Candidate ▶ <input type="text" value="363.40"/>	Transaction ID : SF.7072	

Full Name (Last, First, Middle Initial) of Each Payee Minuteman Press	Purpose of Expenditure Printing for fundraising event	<input type="text" value="011"/> Category/Type
Mailing Address 20574 N. Milwaukee Ave.	Date	<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City Deerfield State IL Zip Code 60015	Amount	<input type="text" value="658.51"/>
Name of Federal Candidate Supported MARK STEVEN KIRK	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>IL</u> District: _____
Aggregate General Election Expenditure for this Candidate ▶ <input type="text" value="1021.91"/>	Transaction ID : SF.7059	

SUBTOTAL of Expenditures This Page (optional)..... ▶	<input type="text" value="1702.61"/>
TOTAL 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		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 Victor Weissberg		Purpose of Expenditure Expenses for mailing of invitations.	Category/Type
Mailing Address 4820 W. Sherwin		Date MM / DD / YYYY 10 / 29 / 2014	
City Lincolnwood	State IL	Zip Code 60712	
Name of Federal Candidate Supported MARK STEVEN KIRK	Office Sought:	House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Presidential <input type="checkbox"/>	State: IL District: _____
Aggregate General Election Expenditure for this Candidate ▶		Amount 234.33	
		Transaction ID : SF.7105	
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State Zip Code		MM / DD / YYYY	
Name of Federal Candidate Supported	Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential <input type="checkbox"/>	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶		Amount	
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State Zip Code		MM / DD / YYYY	
Name of Federal Candidate Supported	Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential <input type="checkbox"/>	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶		Amount	
SUBTOTAL of Expenditures This Page (optional).....▶		234.33	
TOTAL This Period (last page this line number only).....▶		1936.94	