

# **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)

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

**A. Wasserman, Michael, J., ,**

Mailing Address 8780 W. Golf Rd

City  
Niles

State  
IL

Zip Code  
60714

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lake Cook Neurological Consult

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2019

**Transaction ID : SA11AI.8288**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution to our PAC

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

**B. Weissberg, Victor, , ,**

Mailing Address 4820 W. Sherwin

City

Lincolnwood

State

IL

Zip Code

60712

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2019

**Transaction ID : SA11AI.8275**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution to our PAC

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

**C. Wlnick, Adam, , ,**

Mailing Address 1468 Sheridan Road

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ICM

Occupation (for Individual)  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2019

**Transaction ID : SA11AI.8271**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution to our PAC

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

3000.00