

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

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

FOR LINE NUMBER: PAGE 469 / 1530  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Lyndon LaRouche Political Action Ctte

**A.** Full Name (Last, First, Middle Initial)  
GRACE A JACKSON  
 Mailing Address 550 SCHENECTADY AVE  
 City State Zip Code  
 BROOKLYN NY 11203-1821  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 0 8  
**Transaction ID:** CASHIN00104613431001  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AMALGAMATED LIFE INSURANCE CLAIMS CLERK  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1722.00

**B.** Full Name (Last, First, Middle Initial)  
GREGORY W JACKSON  
 Mailing Address 6320 CIPRIANO RD  
 City State Zip Code  
 LANHAM MD 20706-2868  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 8  
**Transaction ID:** CASHIN00104585521001  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 USPS POSTAL WORKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 385.00

**C.** Full Name (Last, First, Middle Initial)  
THEARL B JACKSON  
 Mailing Address USSAH BOX 466  
 3700 N CAPITOL ST NW  
 City State Zip Code  
 WASHINGTON DC 20011-8400  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 3 / 2 0 0 8  
**Transaction ID:** CASHIN00104566921001  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 320.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00  
**TOTAL** This Period (last page this line number only) ..... ►