

**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 461 / 1828
	<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)  
Lyndon LaRouche Political Action Ctte

<b>A.</b>	Full Name (Last, First, Middle Initial) FRED D JACKSON		Date of Receipt
	Mailing Address 607 W SNELL ST		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	HAMILTON	TX	76531-1168
	FEC ID number of contributing federal political committee.		Transaction ID: CASHIN00104340511001
Name of Employer N/A		Occupation	Amount of Each Receipt this Period
		RETIRED WELDER	<input type="text" value="100.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="375.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) GRACE A JACKSON		Date of Receipt
	Mailing Address 550 SCHENECTADY AVE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	BROOKLYN	NY	11203-1821
	FEC ID number of contributing federal political committee.		Transaction ID: CASHIN00104286371001
Name of Employer AMALGAMATED LIFE		Occupation	Amount of Each Receipt this Period
		INSURANCE CLAIMS CLERK	<input type="text" value="300.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="650.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) GRACE A JACKSON		Date of Receipt
	Mailing Address 550 SCHENECTADY AVE		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	BROOKLYN	NY	11203-1821
	FEC ID number of contributing federal political committee.		Transaction ID: CASHIN00104357581001
Name of Employer AMALGAMATED LIFE		Occupation	Amount of Each Receipt this Period
		INSURANCE CLAIMS CLERK	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="650.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="650.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>