

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

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

FOR LINE NUMBER: PAGE 197 OF 1309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LaRouche Political Action Committee**

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

**A. HUGHES, CHARLES V, , III**

Mailing Address 201 E GRANT

City  
MORTON

State  
TX

Zip Code  
79346

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
[Information Requested]

Occupation (for Individual)  
PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2019

**Transaction ID : CASHIN00109723671001**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. HUGHES, CHARLES V, , III**

Mailing Address 201 E GRANT

City  
MORTON

State  
TX

Zip Code  
79346

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
[Information Requested]

Occupation (for Individual)  
PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2019

**Transaction ID : CASHIN00109741341001**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. HUGHES, CHARLES V, , III**

Mailing Address 201 E GRANT

City  
MORTON

State  
TX

Zip Code  
79346

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
[Information Requested]

Occupation (for Individual)  
PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2019

**Transaction ID : CASHIN00109759571001**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00