

# **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)

**LaRouche Political Action Committee**

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

**A. WELWOOD, PAUL R, , ,**

Mailing Address 119 LOCK ST

City  
PHILLIPSBURG

State  
NJ

Zip Code  
08865-3626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SCHOOL SPECIALTY

Occupation (for Individual)  
SALESMAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2019

**Transaction ID : CASHIN00109756661001**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. WELWOOD, PAUL R, , ,**

Mailing Address 119 LOCK ST

City  
PHILLIPSBURG

State  
NJ

Zip Code  
08865-3626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SCHOOL SPECIALTY

Occupation (for Individual)  
SALESMAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2019

**Transaction ID : CASHIN00109773911001**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. WENNER, RICHARD, , ,**

Mailing Address 69 S OCEAN AVE

City  
BAYPORT

State  
NY

Zip Code  
11705

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
[Information Requested]

Occupation (for Individual)  
[Information Requested]

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : CASHIN00109739561001**

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)..... ►

400.00