

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 OF 576

(check only one)

<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)

LaRouche Political Action Committee

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

A. FROLICH, DAVID, , ,

Mailing Address P.O. BOX 28590

City
MACONState
GAZip Code
31221-8590FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	D D	Y Y Y Y
02	04	2020

Transaction ID : CASHIN00109892201001

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. FROLICH, DAVID, , ,

Mailing Address P.O. BOX 28590

City
MACONState
GAZip Code
31221-8590FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	D D	Y Y Y Y
03	11	2020

Transaction ID : CASHIN00109908151001

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. FUGATE, JOSEPH RYE, , ,

Mailing Address 535 JUNIPER ST

City
ELKOState
NVZip Code
89801FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FOOD AND CARE COALITIONOccupation (for Individual)
HOUSEPARENT/STUDENT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	D D	Y Y Y Y
03	02	2020

Transaction ID : CASHIN00109911171001

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

500.00

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