

# **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 169 OF 576

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LaRouche Political Action Committee**

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

**A. WHITE, DALE, , ,**

Mailing Address 670 EDDY ST #301B

City  
SAN FRANCISCO

State  
CA

Zip Code  
94109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2020

**Transaction ID : CASHIN00109910541001**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. WHITLEY, JAMES H, , , JR**

Mailing Address 3830 SUNFLOWER CIR

City  
MITCHELLVILLE

State  
MD

Zip Code  
20721-2467

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 17 / 2020

**Transaction ID : CASHIN00109883681001**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. WHITLEY, JAMES H, , , JR**

Mailing Address 3830 SUNFLOWER CIR

City  
MITCHELLVILLE

State  
MD

Zip Code  
20721-2467

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2020

**Transaction ID : CASHIN00109893991001**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

620.00