

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) LaRouche Political Action Committee	FEC IDENTIFICATION NUMBER ▼ C C00309567
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee ALFRED J KORBY		Date MM / DD / YYYY 11 / 09 / 2012
Mailing Address 435 HUDSON ST #2		Amount 10.00
City HACKENSACK	State NJ	
Zip Code 07601-6606	Transaction ID : 01013239101011696802	
Purpose of Expenditure HANDBILLS (DISSEMINATED 9/13/12)	Category/Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 760.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee DONALD N MALLORY		Date MM / DD / YYYY 11 / 09 / 2012
Mailing Address 272 N LANSDOWNE AVE		Amount 2.50
City LANSDOWNE	State PA	
Zip Code 19050	Transaction ID : 01013239201011697203	
Purpose of Expenditure HANDBILLS (DISSEMINATED 9/11/12)	Category/Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 760.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Barbara M Boyd

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 05 / 2012**