

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 MIDWEST CIRCULATION CORPORATION		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 3550 W. PETERSON AVENUE SUITE 204		Amount 35.00
City CHICAGO State IL Zip Code 60659	Transaction ID : 01013219901011737001	
Purpose of Expenditure HANDBILLS	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 CHRISTOPHER A SARE		Date MM / DD / YYYY 11 / 09 / 2012
Mailing Address 241 LARCH AVE		Amount 12.50
City BOGOTA State NJ Zip Code 07603	Transaction ID : 01013240001011696602	
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..... ▶	47.50
(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**