

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

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

FOR LINE NUMBER: PAGE OF
 (check only one) ☐ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement M M / D D / Y Y Y Y Y Y Amount of Each Disbursement this Period _____
B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement M M / D D / Y Y Y Y Y Y Amount of Each Disbursement this Period _____
C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement M M / D D / Y Y Y Y Y Y Amount of Each Disbursement this Period _____
D. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement M M / D D / Y Y Y Y Y Y Amount of Each Disbursement this Period _____
E. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement M M / D D / Y Y Y Y Y Y Amount of Each Disbursement this Period _____
SUBTOTAL of Disbursements This Page (optional).....▶			_____
TOTAL This Period (last page this line number only).....▶			_____