

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

PAGE OF

FOR LINE NUMBER:  
(check only one) ☐ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

**D.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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