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

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

FOR LINE NUMBER: (check only one)

PAGE

		Aggregation Page	(check only one)
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$\rangle$	NAME OF COMMITTEE (In Full)		
	Full Name (Last, First, Middle Initial) / Full Organization Name	☐ Memo Item	Date of Receipt
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SUBTOTAL of Receipts This Page (optional)			