

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: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)

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