

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 (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
B. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
D. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation	Date of Receipt M M / D D / Y Y 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).....▶	