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) 1a 2

PAGE

OF

		Aggre	egation Page	(check only one)
				on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COM	MITTEE (In Full)			
Full Name of Ind	lividual (Last First Middle Initial) or Full (Organization Na	me Memo Item	Date of Receipt
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item A.				M M / D D / Y Y Y Y Y
Mailing Address				
City		State	Zip Code	Amount of Each Receipt this Period
Name of Employer (for Individual)				Aggregate Year-to-Date
Occupation (for Individual)				
				1 1 9 1 1 9 1 1 9 1
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item				Date of Receipt
B.				M M / D D / Y Y Y Y
Mailing Address				
		Amount of Each Receipt this Period		
City		State	Zip Code	
Name of Employer (for Individual)				Aggregate Year-to-Date
Occupation (for Individual)				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item				Date of Receipt
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Mailing Address				Amount of Eook Passint this Paried
City		State	Zip Code	Amount of Each Receipt this Period
Name of Employer (for Individual)				Aggregate Year-to-Date
Occupation (for Individual)				
				, ,
SUBTOTAL of Receipts This Page (optional)				45 1 45 1 45
TOTAL This Period (last page this line number only)				