

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 <input type="checkbox"/> Memo Item	Date of Receipt M M / D D / Y Y Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
	Occupation	
B.	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt M M / D D / Y Y Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
	Occupation	
C.	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt M M / D D / Y Y Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
	Occupation	
D.	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt M M / D D / Y Y Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
	Occupation	
SUBTOTAL of Receipts This Page (optional)..... ▶		
TOTAL This Period (last page this line number only)..... ▶		