

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: PAGE OF
 (check only one) ☐ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

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