

**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)

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