

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: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

A. 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 <div> <div>MM</div> <div>DD</div> <div>YYYY</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 <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement		Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</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 <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement		Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</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 <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement		Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</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 <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement		Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</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>