

**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

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)

<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>
Mailing Address	
City State Zip Code	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>
Purpose of Disbursement	
<b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>
Mailing Address	
City State Zip Code	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>
Purpose of Disbursement	
<b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>
Mailing Address	
City State Zip Code	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>
Purpose of Disbursement	
<b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>
Mailing Address	
City State Zip Code	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>
Purpose of Disbursement	
<b>E.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>
Mailing Address	
City State Zip Code	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>
Purpose of Disbursement	
<b>SUBTOTAL</b> 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>
<b>TOTAL</b> 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>