

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)

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