

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 <input type="checkbox"/> Memo Item <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement <hr/>	Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement <hr/>	Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement <hr/>	Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
D. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement <hr/>	Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
E. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement <hr/>	Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
SUBTOTAL of Disbursements This Page (optional)..... ►	
TOTAL This Period (last page this line number only)..... ►	