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) ☐ 4a ☐ 4c ☐ 5 ☒ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

Freedom Party State Committee

A.

Full Name (Last, First, Middle Initial) / Full Organization Name: Freedom Party State Committee, Federal Account

Mailing Address: 111 Headquarters Street

City: City State: ST Zip Code: 00000

Purpose of Disbursement: Transfer of Levin Funds

Date of Disbursement: 05 / 15 / 2004

Amount of Each Disbursement this Period: 6,400.00

B.

Full Name (Last, First, Middle Initial) / Full Organization Name:

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Date of Disbursement: / /

Amount of Each Disbursement this Period:

C.

Full Name (Last, First, Middle Initial) / Full Organization Name:

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Date of Disbursement: / /

Amount of Each Disbursement this Period:

D.

Full Name (Last, First, Middle Initial) / Full Organization Name:

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Date of Disbursement: / /

Amount of Each Disbursement this Period:

E.

Full Name (Last, First, Middle Initial) / Full Organization Name:

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Date of Disbursement: / /

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....