

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Levine for Congress

ADDRESS (number and street)

P.O. Box 1223

Check if different than previously reported. (ACC)

Alexandria

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

C C00557215

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

VA

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
01 / 01 / 2014

through

M M / D D / Y Y Y Y  
03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Samson March

Signature of Treasurer Mr. Samson March

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
04 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Levine for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	72808.00	72808.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	72808.00	72808.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	23529.88	23529.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23529.88	23529.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	299278.12	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	250000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Levine for Congress

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	54280.00	54280.00
(ii) Unitemized.....	18528.00	18528.00
(iii) TOTAL of contributions from individuals ▶	72808.00	72808.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	72808.00	72808.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	250000.00	250000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	250000.00	250000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	322808.00	322808.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23529.88	23529.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	23529.88	23529.88

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	322808.00
25. SUBTOTAL (add Line 23 and Line 24).....	322808.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23529.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	299278.12

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 41  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Phyllis Alper**

Mailing Address 102 Bonaventure Pl

City Nashville State TN Zip Code 37205-4440

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : VNJ4FCGH7F9**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Atlas**

Mailing Address 4532 W Kennedy Blvd  
# 314

City Tampa State FL Zip Code 33609-2042

FEC ID number of contributing federal political committee. **C**

Name of Employer Raymond James Occupation Branch Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : VNJ4FCGD052**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Sandra Averbuch**

Mailing Address 161 Charleston Park

City Nashville State TN Zip Code 37205-4703

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : VNJ4FCGH7Y8**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1050.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Berkman**

Mailing Address 5017 Hill Place Dr

City Nashville State TN Zip Code 37205-2706

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : VNJ4FCG1E76**

Amount of Each Receipt this Period  
 1500.00

1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Bruce Beyer**

Mailing Address 1211 Medical Center Dr

City Nashville State TN Zip Code 37232-0004

FEC ID number of contributing federal political committee. **C**

Name of Employer Vanderbilt Medical Group Occupation Pulmonologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : VNJ4FCG39T9**

Amount of Each Receipt this Period  
 500.00

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Nazir Bhagat**

Mailing Address 5250 Cherokee Ave

City Alexandria State VA Zip Code 22312-2052

FEC ID number of contributing federal political committee. **C**

Name of Employer Bhagat 1, LLC Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCHCXJ1**

Amount of Each Receipt this Period  
 2550.00

2550.00

\* In-Kind: Office Space

**SUBTOTAL** of Receipts This Page (optional).....

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

4550.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stefan Boyland**

Mailing Address 240 E 86th St  
Apt 17M

City State Zip Code  
New York NY 10028-3047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Healthcare Solutions, Inc Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2014

**Transaction ID : VNJ4FCBA2W7**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Stuart Brody**

Mailing Address 2947 W Leland Ave

City State Zip Code  
Chicago IL 60625-3715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sneckenberg Thompson & Brody, LPP Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2014

**Transaction ID : VNJ4FCE6AA6**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Terry Brown**

Mailing Address 4910 Georgia Ave

City State Zip Code  
Nashville TN 37209-2136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Martha O'Bryan Center Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2014

**Transaction ID : VNJ4FCGFA10**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew Cole**

Mailing Address **PO Box 280**

City **Wilmette** State **IL** Zip Code **60091-0280**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 27 / 2014**

**Transaction ID : VNJ4FCAA01**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Elza Daniels**

Mailing Address **6121 Beech Tree Dr**

City **Alexandria** State **VA** Zip Code **22310-2240**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Photographer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : VNJ4FCHCWD0**

Amount of Each Receipt this Period  
**850.00**

\* In-Kind: Event Photography

**C.** Full Name (Last, First, Middle Initial)  
**Sonia Doochin**

Mailing Address **3901 W End Ave  
Apt 506**

City **Nashville** State **TN** Zip Code **37205-1878**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Julius & Sonia Doochin, LLC** Occupation **Realtor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : VNJ4FCGH5J9**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1600.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Amy Eskind**

Mailing Address 2046 Fransworth Dr

City Nashville State TN Zip Code 37205-2700

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Writer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : VNJ4FCFQSE6**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Laurie G. Eskind**

Mailing Address 2322 Golf Club Ln

City Nashville State TN Zip Code 37215-1155

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Preforming Arts Professional

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : VNJ4FCGH4W6**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Lori Fishel**

Mailing Address 2045 Fransworth Dr

City Nashville State TN Zip Code 37205-2701

FEC ID number of contributing federal political committee. **C**

Name of Employer Vanderbilt University Occupation Admissions Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2014

**Transaction ID : VNJ4FCF4661**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wallace Friedman**

Mailing Address 903 Clearview Dr

City Nashville State TN Zip Code 37205-1915

FEC ID number of contributing federal political committee. **C**

Name of Employer Amnesia Medical group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCGV784**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Raanon Gal**

Mailing Address 1439 Lachona Ct NE

City Atlanta State GA Zip Code 30329-3481

FEC ID number of contributing federal political committee. **C**

Name of Employer Taylor English Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCGMN89**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Shelly Gardiner**

Mailing Address 2111 Jefferson Davis Hwy  
Apt 505N

City Arlington State VA Zip Code 22202-5214

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Political Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : VNJ4FCGH2F9**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Geracioti**

Mailing Address 3717 Richland Ave

City Nashville State TN Zip Code 37205-2437

FEC ID number of contributing federal political committee. **C**

Name of Employer Levine, Orr & Geracioti Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : VNJ4FCCSFT7**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Scott Ghertner**

Mailing Address 3619 Trimble Rd

City Nashville State TN Zip Code 37215-3244

FEC ID number of contributing federal political committee. **C**

Name of Employer Ghertner & Company Occupation Co-President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCHCRQ0**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Steve Ghertner**

Mailing Address 6668 Jocelyn Hollow Rd

City Nashville State TN Zip Code 37205-3953

FEC ID number of contributing federal political committee. **C**

Name of Employer Ghertner & Co. Occupation Co-President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCGS204**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Harris Gilbert**

Mailing Address 4215 Harding Pike  
Apt 401

City Nashville State TN Zip Code 37205-2026

FEC ID number of contributing federal political committee. **C**

Name of Employer Wyant Tarrant and Combs, LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : VNJ4FCE0387**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Cindee Gold**

Mailing Address 7 Northumberland

City Nashville State TN Zip Code 37215-4122

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : VNJ4FCGH3J4**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank Gordon**

Mailing Address 4414 Sunnybrook Dr

City Nashville State TN Zip Code 37205-3860

FEC ID number of contributing federal political committee. **C**

Name of Employer Crofton Capital Occupation Venture Capital

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : VNJ4FCG0MZ0**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Brad Greenbaum**

Mailing Address 214 Wilsonia Ave

City Nashville State TN Zip Code 37205-2819

FEC ID number of contributing federal political committee. **C**

Name of Employer Terrace Pediatric Group Occupation Pediatrician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : VNJ4FCGH2K1**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jerome Greenwald**

Mailing Address 1322 E Cota St

City Santa Barbara State CA Zip Code 93103-2560

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : VNJ4FCFFF00**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Gripkey**

Mailing Address 1614 Beekman PI NW Apt B

City Washington State DC Zip Code 20009-4024

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. Government Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 09 / 2014

**Transaction ID : VNJ4FCBZ260**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Randall Gross**

Mailing Address 2311 Connecticut Ave NW  
Apt 206

City Washington State DC Zip Code 20008-1704

FEC ID number of contributing federal political committee. **C**

Name of Employer: Randall Gross Development Economics  
Occupation: Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2014

**Transaction ID : VNJ4FCF4HQ0**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**John Hassenfeld**

Mailing Address 5009 Hill Place Dr

City Nashville State TN Zip Code 37205-2706

FEC ID number of contributing federal political committee. **C**

Name of Employer: Advanced Receivables Strategies, Inc.  
Occupation: Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : VNJ4FCGH2N7**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Heller**

Mailing Address PO Box 60865

City Nashville State TN Zip Code 37206-0865

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self  
Occupation: Real estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 02 / 2014

**Transaction ID : VNJ4FCAVY32**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel Heller**

Mailing Address **PO Box 60865**

City **Nashville** State **TN** Zip Code **37206-0865**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Real estate**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : VNJ4FCG1K84**

Amount of Each Receipt this Period  
**750.00**

**B.** Full Name (Last, First, Middle Initial)  
**Gene Heller**

Mailing Address **2411 Pulaski Hwy**

City **Columbia** State **TN** Zip Code **38401-4581**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Eugene Heller, Inc.** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : VNJ4FCGHAN3**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Gene Heller**

Mailing Address **2411 Pulaski Hwy**

City **Columbia** State **TN** Zip Code **38401-4581**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Eugene Heller, Inc.** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : VNJ4FCCKNG08**

Amount of Each Receipt this Period  
**2100.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**3350.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Heller**

Mailing Address 801 Rodney Dr

City Nashville State TN Zip Code 37205-3063

FEC ID number of contributing federal political committee. **C**

Name of Employer General Homes of Columbia, LLC Occupation Homebuilder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : VNJ4FCBD156**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Heller**

Mailing Address 801 Rodney Dr

City Nashville State TN Zip Code 37205-3063

FEC ID number of contributing federal political committee. **C**

Name of Employer General Homes of Columbia, LLC Occupation Homebuilder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : VNJ4FCFR4M6**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Heller**

Mailing Address 801 Rodney Dr

City Nashville State TN Zip Code 37205-3063

FEC ID number of contributing federal political committee. **C**

Name of Employer General Homes of Columbia, LLC Occupation Homebuilder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : VNJ4FCG3Q03**

Amount of Each Receipt this Period  
 600.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1150.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

Full Name (Last, First, Middle Initial) <b>Burt Humburg</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 415 S Taylor Ave		<b>Transaction ID : VNJ4FCCSJM6</b>
City Mason City	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mercy Medical Center of Northern Iowa	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2100.00	

Full Name (Last, First, Middle Initial) <b>Burt Humburg</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 415 S Taylor Ave		<b>Transaction ID : VNJ4FCCSJT3</b>
City Mason City	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mercy Medical Center of Northern Iowa	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2100.00	

Full Name (Last, First, Middle Initial) <b>Burt Humburg</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 415 S Taylor Ave		<b>Transaction ID : VNJ4FCCSJX7</b>
City Mason City	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mercy Medical Center of Northern Iowa	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ellen Jacobs**

Mailing Address 4500 Malone Ave

City Nashville State TN Zip Code 37205-3406

FEC ID number of contributing federal political committee. **C**

Name of Employer Sailor Air Travel Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : VNJ4FCGH776**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeff Jacobs**

Mailing Address 404 Wilsonia Ave

City Nashville State TN Zip Code 37205-1328

FEC ID number of contributing federal political committee. **C**

Name of Employer Stradis Healthcare Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCGZDV9**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kay R Jacobs**

Mailing Address 4510 S Ferncroft Cir

City Tampa State FL Zip Code 33629-4248

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : VNJ4FCBA5C7**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Jacobs**

Mailing Address 401 Church St  
Ste 2500

City Nashville State TN Zip Code 37219-2205

FEC ID number of contributing federal political committee. **C**

Name of Employer: Jacobs Cohen & Associates, PLLC  
Occupation: CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2014

**Transaction ID : VNJ4FCG3AN1**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Tarpley Jones**

Mailing Address 6651 Clearbrook Dr

City Nashville State TN Zip Code 37205-3944

FEC ID number of contributing federal political committee. **C**

Name of Employer: The Gordon Group  
Occupation: Investment Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2014

**Transaction ID : VNJ4FCFJ2E6**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Knight**

Mailing Address 5883 Willshire Dr

City Nashville State TN Zip Code 37215-5111

FEC ID number of contributing federal political committee. **C**

Name of Employer: Baydoun & Knight, PLLC  
Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2014

**Transaction ID : VNJ4FCGFHA5**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alex Lawson**

Mailing Address 1954 Columbia Rd NW  
Apt 402

City Washington State DC Zip Code 20009-5035

FEC ID number of contributing federal political committee. **C**

Name of Employer Social Security Works Occupation Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCGZJJ7**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ann Levine**

Mailing Address 4120 Ridgefield Dr

City Nashville State TN Zip Code 37205-2393

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : VNJ4FCAWW68**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Carolyn Levine**

Mailing Address 111 Vaughns Gap Rd

City Nashville State TN Zip Code 37205-3529

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : VNJ4FCBA5H6**

Amount of Each Receipt this Period  
 2600.00

**SUBTOTAL** of Receipts This Page (optional).....

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

6200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Carolyn Levine**

Mailing Address 111 Vaughns Gap Rd

City Nashville State TN Zip Code 37205-3529

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : VNJ4FCBA5M0**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Lawrence Levine**

Mailing Address 111 Vaughns Gap Rd

City Nashville State TN Zip Code 37205-3529

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : VNJ4FCBA605**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Lawrence Levine**

Mailing Address 111 Vaughns Gap Rd

City Nashville State TN Zip Code 37205-3529

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : VNJ4FCBA613**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

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

7800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Levine**

Mailing Address 4120 Ridgefield Dr

City Nashville State TN Zip Code 37205-2394

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : VNJ4FCAWW50**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Ellen Levitt**

Mailing Address 6401 Worchester Dr

City Nashville State TN Zip Code 37221-3709

FEC ID number of contributing federal political committee. **C**

Name of Employer Centennial Medical Center Occupation Clinical Nurse Specialist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : VNJ4FCGH531**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Samson March**

Mailing Address 111 Vaughns Gap Rd

City Nashville State TN Zip Code 37205-3529

FEC ID number of contributing federal political committee. **C**

Name of Employer George Washington University Occupation Teaching Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCHBM94**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3350.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Martin**

Mailing Address 5141 Granny White Pike

City Nashville State TN Zip Code 37220-1405

FEC ID number of contributing federal political committee. **C**

Name of Employer First Bank Occupation General Counsel

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCGY87**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jody Mattison**

Mailing Address 321 Chalford Ct

City Franklin State TN Zip Code 37069-4003

FEC ID number of contributing federal political committee. **C**

Name of Employer Montgomery Bell Academy Occupation Registrar

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : VNJ4FCGH2S8**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**David McAuley**

Mailing Address 8136 Pinelake Ct

City Alexandria State VA Zip Code 22309-1216

FEC ID number of contributing federal political committee. **C**

Name of Employer Department of Defense Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCH1PC2**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Levine for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alfred Muller</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2014
Mailing Address 1202 S Washington St Apt 220		<b>Transaction ID : VNJ4FCDY8Z4</b>
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PerCredo, LLC	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>B. Alfred Muller</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2014
Mailing Address 1202 S Washington St Apt 220		<b>Transaction ID : VNJ4FCGH2B8</b>
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer PerCredo, LLC	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1090.00	

Full Name (Last, First, Middle Initial) <b>C. Alfred Muller</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2014
Mailing Address 1202 S Washington St Apt 220		<b>Transaction ID : VNJ4FCHCXP2</b>
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer PerCredo, LLC	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1090.00	* In-Kind: Event Refreshments

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1090.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Howard Newman**

Mailing Address 888 16th St NW  
Ste 800

City Washington State DC Zip Code 20006-4104

FEC ID number of contributing federal political committee. **C**

Name of Employer Newman Law Offices Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCH1VM7**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Keith O'Neil**

Mailing Address 919 Florida Ave NW  
Apt 604

City Washington State DC Zip Code 20001-5048

FEC ID number of contributing federal political committee. **C**

Name of Employer Department of Defense Occupation Federal Employee

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCKNH76**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Arthur Perlen**

Mailing Address 66 Wyn Oak

City Nashville State TN Zip Code 37205-5004

FEC ID number of contributing federal political committee. **C**

Name of Employer Centennial Retail Services Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : VNJ4FCFMWT2**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A. Gary Pinsly**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2525 W End Ave  
Ste 1000  
City Nashville State TN Zip Code 37203-1752

FEC ID number of contributing federal political committee. **C**

Name of Employer R.W. Baird & Co., Inc. Occupation Managing Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2014

**Transaction ID : VNJ4FCFMQA5**

Amount of Each Receipt this Period  
500.00

**B. Anthony Postert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 712 N Ripley St  
Apt 121  
City Alexandria State VA Zip Code 22304-2718

FEC ID number of contributing federal political committee. **C**

Name of Employer US Dept of Justice Occupation Economist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2014

**Transaction ID : VNJ4FCE6A80**

Amount of Each Receipt this Period  
250.00

**C. Anthony Postert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 712 N Ripley St  
Apt 121  
City Alexandria State VA Zip Code 22304-2718

FEC ID number of contributing federal political committee. **C**

Name of Employer US Dept of Justice Occupation Economist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
290.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2014

**Transaction ID : VNJ4FCEK1B6**

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional).....

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

790.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anthony Postert**

Mailing Address 712 N Ripley St  
Apt 121

City Alexandria State VA Zip Code 22304-2718

FEC ID number of contributing federal political committee. **C**

Name of Employer US Dept of Justice Occupation Economist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCGH7G7**

Amount of Each Receipt this Period  
 250.00

540.00

**B.** Full Name (Last, First, Middle Initial)  
**Clint Pross**

Mailing Address 1828 W Larchmont Ave

City Chicago State IL Zip Code 60613-2414

FEC ID number of contributing federal political committee. **C**

Name of Employer Windswept Occupation Vice-President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : VNJ4FCFFES4**

Amount of Each Receipt this Period  
 2000.00

2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Art Rebrovick**

Mailing Address 5202 Close Cir

City Nashville State TN Zip Code 37205-2716

FEC ID number of contributing federal political committee. **C**

Name of Employer Nashville Management Group Occupation Management Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : VNJ4FCGH2Y6**

Amount of Each Receipt this Period  
 500.00

500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Howard Rosenblum**

Mailing Address 5126 Annesway Dr

City Nashville State TN Zip Code 37205-2711

FEC ID number of contributing federal political committee. **C**

Name of Employer Nashville Eye Center Occupation Ophthalmologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : VNJ4FCE6H44**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Howard Rosenblum**

Mailing Address 5126 Annesway Dr

City Nashville State TN Zip Code 37205-2711

FEC ID number of contributing federal political committee. **C**

Name of Employer Nashville Eye Center Occupation Ophthalmologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : VNJ4FCG3BG4**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Howard Rosenblum**

Mailing Address 5126 Annesway Dr

City Nashville State TN Zip Code 37205-2711

FEC ID number of contributing federal political committee. **C**

Name of Employer Nashville Eye Center Occupation Ophthalmologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : VNJ4FCGH5Z2**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional).....

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

300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 41  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robyn Rubinoff**

Mailing Address 2360 NW 41st St

City State Zip Code  
Boca Raton FL 33431-8410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
G and R Enterprises Retail

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : VNJ4FCGDZW0**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Beverly Shapiro**

Mailing Address 130 N Garland Ct  
Apt 4605

City State Zip Code  
Chicago IL 60602-4850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2014

**Transaction ID : VNJ4FCF5WZ3**

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
**Sanford Sherman**

Mailing Address 14 Monarch Bay Plz  
# 497

City State Zip Code  
Monarch Beach CA 92629-3424

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : VNJ4FCBP8N9**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mike Shmerling**

Mailing Address 2049 Fransworth Dr

City Nashville State TN Zip Code 37205-2701

FEC ID number of contributing federal political committee. **C**

Name of Employer Choice Food Group Inc. Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : VNJ4FCB81E8**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Mike Shmerling**

Mailing Address 2049 Fransworth Dr

City Nashville State TN Zip Code 37205-2701

FEC ID number of contributing federal political committee. **C**

Name of Employer Choice Food Group Inc. Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : VNJ4FCGH2T6**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Nan Speller**

Mailing Address 5952 Sedberry Rd

City Nashville State TN Zip Code 37205-3246

FEC ID number of contributing federal political committee. **C**

Name of Employer Zeitlin & Co. Occupation Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCGH657**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ira Stein**

Mailing Address 4 Warwick Ln

City Nashville State TN Zip Code 37205-5012

FEC ID number of contributing federal political committee. **C**

Name of Employer HCA/The Frist Clinic Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : VNJ4FCGGRV3**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Rob Stein**

Mailing Address 3611 Woodlawn Dr

City Nashville State TN Zip Code 37215-1014

FEC ID number of contributing federal political committee. **C**

Name of Employer Tennessee Orthopaedic Alliance Occupation Orthodontist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : VNJ4FCGHAE8**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Peter Weiss**

Mailing Address Signature Center Suite 301

City Nashville State TN Zip Code 37203

FEC ID number of contributing federal political committee. **C**

Name of Employer Weiss & Weiss Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : VNJ4FCGHAX6**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fred Yazdian**

Mailing Address 2053 Fransworth Dr

City Nashville State TN Zip Code 37205-2701

FEC ID number of contributing federal political committee. **C**

Name of Employer Yazdian Construction Company Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCGH930**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Beth Zeitlin**

Mailing Address 6200 Robin Hill Rd

City Nashville State TN Zip Code 37205-3526

FEC ID number of contributing federal political committee. **C**

Name of Employer Abe's Garden Occupation Director of Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : VNJ4FCKNH42**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**Fred Zimmerman**

Mailing Address 5844 Beauregard Dr

City Nashville State TN Zip Code 37215-4805

FEC ID number of contributing federal political committee. **C**

Name of Employer Four Squared Ventures, LLC Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : VNJ4FCGH9D7**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

850.00

54280.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 41
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mark H. Levine**

Mailing Address 805 Rivergate PI

City: Alexandria    State: VA    Zip Code: 22314-1708

FEC ID number of contributing federal political committee: **C**

Name of Employer: Self    Occupation: Radio Host

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 260.00

Date of Receipt: 02 / 12 / 2014

**Transaction ID : VNJ4FCM3Y57**

Amount of Each Receipt this Period: 260.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark H. Levine**

Mailing Address 805 Rivergate PI

City: Alexandria    State: VA    Zip Code: 22314-1708

FEC ID number of contributing federal political committee: **C**

Name of Employer: Self    Occupation: Radio Host

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 10000.00

Date of Receipt: 02 / 25 / 2014

**Transaction ID : VNJ4FCM3Y73**

Amount of Each Receipt this Period: 9740.00

**C.** Full Name (Last, First, Middle Initial)  
**Mark H. Levine**

Mailing Address 805 Rivergate PI

City: Alexandria    State: VA    Zip Code: 22314-1708

FEC ID number of contributing federal political committee: **C**

Name of Employer: Self    Occupation: Radio Host

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 250000.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : VNJ4FCM3Y81**

Amount of Each Receipt this Period: 240000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

250000.00

250000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 41		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nazir Bhagat</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 5250 Cherokee Ave		Amount of Each Disbursement this Period 2550.00
City Alexandria	State VA Zip Code 22312-2052	
Purpose of Disbursement Office Space	Candidate Name	Transaction ID : VNJ4FCHCXJ11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	* In-Kind Received

Full Name (Last, First, Middle Initial) <b>B. D&amp;P Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 5641 General Washington Dr		Amount of Each Disbursement this Period 121.90
City Alexandria	State VA Zip Code 22312-2403	
Purpose of Disbursement Placards	Candidate Name	Transaction ID : VNH579RYJ67
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. D&amp;P Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 5641 General Washington Dr		Amount of Each Disbursement this Period 339.20
City Alexandria	State VA Zip Code 22312-2403	
Purpose of Disbursement Bumper Stickers	Candidate Name	Transaction ID : VNH579RYJB7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3011.10
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Levine for Congress**

Full Name (Last, First, Middle Initial) <b>A. D&amp;P Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 5641 General Washington Dr		Amount of Each Disbursement this Period 159.00 <b>Transaction ID : VNH579RYJ59</b>
City Alexandria State VA Zip Code 22312-2403	Purpose of Disbursement Flyers	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. D&amp;P Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 5641 General Washington Dr		Amount of Each Disbursement this Period 224.72 <b>Transaction ID : VNH579RYJZ5</b>
City Alexandria State VA Zip Code 22312-2403	Purpose of Disbursement Remittance Envelopes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Elza Daniels</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 6121 Beech Tree Dr		Amount of Each Disbursement this Period 850.00 <b>Transaction ID : VNJ4FCHCWD01</b>
City Alexandria State VA Zip Code 22310-2240	Purpose of Disbursement Event Photography	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1233.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

Full Name (Last, First, Middle Initial) <b>A. John Devine</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 13821 Braddock Springs Rd Apt G		Amount of Each Disbursement this Period 34.50
City Centreville	State VA	
Zip Code 20121-4220	Purpose of Disbursement Event Supplies	Transaction ID : VNH579RYJ26
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. John Devine</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 13821 Braddock Springs Rd Apt G		Amount of Each Disbursement this Period 5000.00
City Centreville	State VA	
Zip Code 20121-4220	Purpose of Disbursement Political Consulting	Transaction ID : VNH579RYJ18
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Alfred Muller</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 1202 S Washington St Apt 220		Amount of Each Disbursement this Period 240.00
City Alexandria	State VA	
Zip Code 22314-4442	Purpose of Disbursement Event Refreshments	Transaction ID : VNJ4FCHCXP21
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5274.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cynthia Sebian-Lander</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 532 20th St NW Apt 800		Amount of Each Disbursement this Period 120.39 <b>Transaction ID : VNH579RYJ33</b>
City Washington	State DC Zip Code 20006-5046	
Purpose of Disbursement Event Supplies	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cynthia Sebian-Lander</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 532 20th St NW Apt 800		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : VNH579RYJ41</b>
City Washington	State DC Zip Code 20006-5046	
Purpose of Disbursement Field Consulting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Blue Deal</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address PO Box 50		Amount of Each Disbursement this Period 568.31 <b>Transaction ID : VNH579RYK94</b>
City Annandale	State VA Zip Code 22003-0050	
Purpose of Disbursement Lapel Stickers	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4688.70
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Levine for Congress**

Full Name (Last, First, Middle Initial) <b>A. Virginia State Board of Elections</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 1100 Bank St		Amount of Each Disbursement this Period 3480.00
City Richmond	State VA Zip Code 23219-3639	
Purpose of Disbursement Committee Filing Fee	Category/Type	<b>Transaction ID : VNH579RYK78</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rebekah Walker</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 821 Maryland Ave NE Apt 302		Amount of Each Disbursement this Period 5000.00
City Washington	State DC Zip Code 20002-5374	
Purpose of Disbursement Fundraising Consulting	Category/Type	<b>Transaction ID : VNH579RYJ00</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8480.00
<b>TOTAL</b> This Period (last page this line number only).....	22688.02

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Levine for Congress** Transaction ID : **VNJ4FCM3Y57L**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Mark H. Levine** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
805 Rivergate Pl

City State ZIP Code  
Alexandria VA 22314-1708

Original Amount of Loan 260.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 260.00
-----------------------------------	------------------------------------	---

**TERMS**

Date Incurred: M 02 / D 12 / Y 2014  
 Date Due: M / D / Y none  
 Interest Rate: none % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 260.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Levine for Congress

Transaction ID : VNJ4FCM3Y73L

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mark H. Levine

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
805 Rivergate Pl

City State ZIP Code  
Alexandria VA 22314-1708

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
9740.00 0.00 9740.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 02 / D 25 / Y 2014 M M / D D / Y none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 9740.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Levine for Congress** Transaction ID : **VNJ4FCM3Y81L**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mark H. Levine</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 805 Rivergate Pl		
City Alexandria	State VA	ZIP Code 22314-1708

Original Amount of Loan 240000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 240000.00
--------------------------------------	------------------------------------	--

**TERMS**

Date Incurred M 03 / D 31 / Y 2014	Date Due M / D / Y none	Interest Rate none % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	----------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	240000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	250000.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**