

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

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 FOR LINE NUMBER:  
 (check only one)

☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

**Michigan Republican Party**
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item
**A. Barnes, Robert, , Mr.,**

Account : b07ae76ab

Mailing Address 1769 Hillwood Dr

 City  
 Bloomfield Hills

 State  
 MI

 Zip Code  
 48304-2416

 Name of Employer (for Individual)  
 Belle Tire

Occupation (for Individual) Owner

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 15 2017

Transaction ID : AC2AC0F77CF524720911

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item
**B.**

Account :

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item
**C.**

Account :

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item
**D.**

Account :

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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

10000.00

10000.00