



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Levin 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))....	38542.00	1461381.73
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	38542.00	1456381.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	54490.92	772688.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	1240.00	6880.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	53250.92	765807.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	250272.33	
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).....	0.00	

**For further information contact:**

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

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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Levin for Congress

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
20080.00	295163.36	0.00
(ii) Unitemized		
5462.00	60379.00	167.00
(iii) Total of contributions from individuals		
25542.00	355542.36	167.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
13000.00	1105839.37	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
38542.00	1461381.73	167.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
1240.00	6880.48	1000.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
39782.00	1468262.21	1167.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Levin for Congress

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
54490.92	772688.33	18550.01
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
<b>(a) Of Loans Made or Guaranteed by the Candidate</b>		
0.00	0.00	0.00
<b>(b) Of All Other Loans</b>		
0.00	0.00	0.00
<b>(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))</b>		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
<b>(a) Individuals/Persons Other Than Political Committees</b>		
0.00	0.00	0.00
<b>(b) Political Party Committees</b>		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	5000.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	5000.00	0.00
------	---------	------

**21. OTHER DISBURSEMENTS**

35485.23	704225.23	0.00
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

89976.15	1481913.56	18550.01
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

38542.00	1456381.73	167.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

53250.92	765807.85	17550.01
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	300466.48
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	39782.00
25. SUBTOTAL (add Line 23 and Line 24).....	340248.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	89976.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	250272.33

**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 57
	<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)  
**Levin for Congress**

**A. Michael B. Staebler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Geddes Hts  
 City Ann Arbor State MI Zip Code 48104-1724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pepper Hamilton LLP Occupation Attorney  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : C10293450**  
 Amount of Each Receipt this Period  
**250.00**

**B. Matilda B. Melnick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8580 Woodway Dr Apt 1315  
 City Houston State TX Zip Code 77063-2470  
 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 **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014  
**Transaction ID : C10240200**  
 Amount of Each Receipt this Period  
**250.00**

**C. Elaine Bridges**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 3605  
 City San Angelo State TX Zip Code 76902-3605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014  
**Transaction ID : C10241880**  
 Amount of Each Receipt this Period  
**1000.00**

**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 8 OF 57
	<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)  
**Levin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bonnie S. Englehardt**

Mailing Address 555 Park Ave

City State Zip Code  
New York NY 10065-8166

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

Name of Employer Occupation  
Enterprise Asset Management Investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : C10290021**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Judith L Deheeger**

Mailing Address 321 Sunset Rd

City State Zip Code  
Winnetka IL 60093-4229

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

Name of Employer Occupation  
NA Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : C10292721**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Russell De Burlo**

Mailing Address 50 Federal St

City State Zip Code  
Boston MA 02110-2500

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

Name of Employer Occupation  
The De Burlo Group Inc. Investment Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2014

**Transaction ID : C10300931**

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 9 OF 57
	<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)  
**Levin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barry N. Lepler**

Mailing Address 13159 Nadine Ave

City State Zip Code  
Huntington Woods MI 48070-1420

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2014

**Transaction ID : C10243401**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Janet W Brown**

Mailing Address 1746 Q St NW

City State Zip Code  
Washington DC 20009-7239

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

Name of Employer Occupation  
Not Applicable Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : C10291821**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Norman Beznos**

Mailing Address 31731 Northwestern Hwy Ste 200E

City State Zip Code  
Farmington Hills MI 48334-1654

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

Name of Employer Occupation  
Beztec, Incorpo Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2014

**Transaction ID : C10297211**

Amount of Each Receipt this Period  
250.00

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

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

400.00

**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 57
	<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)  
**Levin for Congress**

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

Mailing Address 103 Jennison Pl

City State Zip Code  
Bay City MI 48708-5698

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

Name of Employer Occupation  
Bay Carbon, Inc. Treasurer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2014

**Transaction ID : C10302631**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Alfred Fried**

Mailing Address 19113 Fox Landing Dr

City State Zip Code  
Boca Raton FL 33434-5157

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

Name of Employer Occupation  
N/A 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  
10 / 20 / 2014

**Transaction ID : C10237852**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Eli Broad**

Mailing Address 2121 Avenue of the Stars  
Ste 3000

City State Zip Code  
Los Angeles CA 90067

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

Name of Employer Occupation  
The Eli and Edythe Broad Foundation Founder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2014

**Transaction ID : C10299883**

Amount of Each Receipt this Period  
1000.00

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

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

1350.00

**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 57
	<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)  
**Levin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy A Kulish**

Mailing Address 5440 Lane Lake Rd

City Bloomfield State MI Zip Code 48302-2933

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

Name of Employer Self Occupation Psychiatrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : C10294153**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Morton Mandel**

Mailing Address 2829 Euclid Ave

City Cleveland State OH Zip Code 44115-2413

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

Name of Employer Premier Industries Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : C10236803**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Eugene Rasch**

Mailing Address 4823 Dingleberry Rd. NE

City Iowa City State IA Zip Code 52240-7738

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : C10243403**

Amount of Each Receipt this Period  
100.00

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

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

1100.00

**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 57
	<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)  
**Levin for Congress**

**A. Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 218  
Gun Lake Tribe

City Dorr State MI Zip Code 49323-0218

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10292273**

Amount of Each Receipt this Period  
2000.00

**B. Mary G. Serlin**

Full Name (Last, First, Middle Initial)  
Mailing Address 5537 E Monterosa St

City Phoenix State AZ Zip Code 85018-4533

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

Name of Employer Occupation  
Self Therapist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : C10288864**

Amount of Each Receipt this Period  
200.00

**C. Jack A. Robinson**

Full Name (Last, First, Middle Initial)  
Mailing Address 4190 Telegraph Rd

City Bloomfield Hills State MI Zip Code 48302-2079

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : C10240954**

Amount of Each Receipt this Period  
500.00

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

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

2700.00

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

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

FOR LINE NUMBER: PAGE 13 OF 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Anita Hirsh**

Mailing Address 3300 Oakdell Rd

City State Zip Code  
Studio City CA 91604-4138

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

Name of Employer Occupation  
Mercatile Center Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : C10290014**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Louise M Simone**

Mailing Address 500 Park Ave  
Apt 36

City State Zip Code  
New York NY 10022-1606

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

Name of Employer Occupation  
Self-Employed Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : C10241884**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mashantucket Pequot Tribal Nation**

Mailing Address PO Box 3008

City State Zip Code  
Mashantucket CT 06338-3008

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10292254**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3000.00**

**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 57
	<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)  
**Levin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lorna P. Straus**

Mailing Address 5642 S Kimbark Ave

City Chicago State IL Zip Code 60637-1606

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  
 10 / 22 / 2014

**Transaction ID : C10240195**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Michael Levin**

Mailing Address 1781 Fernwood Ln

City Plainfield State NJ Zip Code 07060-3417

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : C10299885**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Maida Portnoy**

Mailing Address 632 Yarboro Dr

City Bloomfield Hills State MI Zip Code 48304-3364

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : C10235715**

Amount of Each Receipt this Period  
**500.00**

**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: PAGE 15 OF 57  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Darrell D Ebbing**  
 Mailing Address 5534 Pine Brooke Ct  
 City Bloomfield State MI Zip Code 48304-3957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Textbook Writer  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **475.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : C10290045**  
 Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Prentiss M. Brown Jr.**  
 Mailing Address 52 Prospect St  
 City Saint Ignace State MI Zip Code 49781-1435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self 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  
 10 / 22 / 2014  
**Transaction ID : C10240945**  
 Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robert I. Adler**  
 Mailing Address 23 Driftwood Dr  
 City Port Washington State NY Zip Code 11050-1716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : C10236805**  
 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: (check only one)	PAGE 16 OF 57
	<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)  
**Levin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ruth Shimondle**

Mailing Address 546 Alder St  
Apt 205

City Edmonds State WA Zip Code 98020-3441

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

Name of Employer Not Applicable Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2014

**Transaction ID : C10243395**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Melvin P. Shaw**

Mailing Address 487 Willits St

City Birmingham State MI Zip Code 48009-3307

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

Name of Employer BMS Consultants Occupation Psychologists

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2014

**Transaction ID : C10297215**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Ellen Wenzel**

Mailing Address 500 S Jefferson St  
Apt 308

City Mason State MI Zip Code 48854-1680

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

Name of Employer N/A 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  
10 / 30 / 2014

**Transaction ID : C10293456**

Amount of Each Receipt this Period  
500.00

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

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

800.00



**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 57
	<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)  
**Levin for Congress**

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

Mailing Address 1644 Lamberton Lake Dr NE

City	State	Zip Code
Grand Rapids	MI	49525-2811

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

Name of Employer	Occupation
Foremost Insurance	Computer Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : C10240946**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Shingle Springs Band Miwok Indians**

Mailing Address PO Box 1340

City	State	Zip Code
Shingle Springs	CA	95682-1340

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

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10292266**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Melvin Cohen**

Mailing Address 338 Algonquin Rd

City	State	Zip Code
Franklin Lks	NJ	07417-1002

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

Name of Employer	Occupation
Handi Hut	Manufacturer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : C10293447**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

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

\_\_\_\_\_ 1350.00

\_\_\_\_\_

**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 18 OF 57
	<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)  
**Levin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul M. Zlotoff**

Mailing Address 280 Daines St  
Ste 300

City Birmingham State MI Zip Code 48009-6246

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

Name of Employer Uniprop Occupation Chairman

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  
10 / 31 / 2014

**Transaction ID : C10294157**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Conrad Giles**

Mailing Address 6300 Westmoor Rd

City Bloomfield State MI Zip Code 48301-1359

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

Name of Employer Wayne State University Occupation MD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
280.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2014

**Transaction ID : C10235857**

Amount of Each Receipt this Period  
180.00

**C.** Full Name (Last, First, Middle Initial)  
**Laura Petersen**

Mailing Address 15115 E 4th Ave

City Spokane Valley State WA Zip Code 99037-9745

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2014

**Transaction ID : C10236807**

Amount of Each Receipt this Period  
500.00

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

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

1180.00

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

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

FOR LINE NUMBER: PAGE 19 OF 57  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Harold Rosenthal**

Mailing Address 1343 Ascot Pl

City Philadelphia State PA Zip Code 19116-1501

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

Name of Employer self Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : C10243397**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Orrin K. Crosser**

Mailing Address 45 S Old Orchard Ave Apt 222

City Saint Louis State MO Zip Code 63119-3262

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

Name of Employer N/A Occupation Retired

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  
 10 / 30 / 2014

**Transaction ID : C10293448**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ananda S Prasad M.D.**

Mailing Address 4710 Cove Rd

City Orchard Lake State MI Zip Code 48323-3604

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

Name of Employer Wayne State University, School of Medi Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : C10294158**

Amount of Each Receipt this Period  
**150.00**

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

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

**500.00**

**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 57
	<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)  
**Levin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ivan Louis Cotman**

Mailing Address 20141 McIntyre St

City State Zip Code  
Detroit MI 48219-1220

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

Name of Employer Occupation  
MI Dept. of Education Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : C10235748**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Pechanga Band Of Luiseno Indians**

Mailing Address PO Box 1477

City State Zip Code  
Temecula CA 92593-1477

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : C10292268**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Marvin C. Daitch**

Mailing Address 28535 Orchard Lake Rd Ste 100

City State Zip Code  
Farmington Hills MI 48334-2918

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

Name of Employer Occupation  
Northpoint CAD Mortgage Banker/Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2014

**Transaction ID : C10235759**

Amount of Each Receipt this Period  
1000.00

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

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

2100.00

**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 57
	<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)  
**Levin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Carol Myers**

Mailing Address 109 W 12th St

City State Zip Code  
Holland MI 49423-3214

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : C10236809**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Applebaum Office, LLC**

Mailing Address 39400 Woodward Ave Ste 100

City State Zip Code  
Bloomfield Hills MI 48304-5151

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2014

**Transaction ID : C10234981**

Amount of Each Receipt this Period  
1000.00

LLC - Members below if itemized. Permissible funds.

**C.** Full Name (Last, First, Middle Initial)  
**Eugene Applebaum**

Mailing Address 365 Dunston Rd

City State Zip Code  
Bloomfield MI 48304-3416

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

Name of Employer Occupation  
CVS/ Pharmacy CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2014

**Transaction ID : C10234982**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
\*

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

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

1500.00

20080.00

**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 57
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Full Name (Last, First, Middle Initial)**  
**HENRY FORD HEALTH SYSTEM POLITICAL ACTION COMMITTEE**

Mailing Address **COMERICA BANK-PAC SERVICES MC 2250**  
**3551 HAMLIN ROAD**

City **AUBURN HILLS** State **MI** Zip Code **48326**

FEC ID number of contributing federal political committee. **C C00552141**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : C10299890**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **500.00**

**B. Full Name (Last, First, Middle Initial)**  
**LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address **2121 Crystal Dr**  
**Ste 100**

City **Arlington** State **VA** Zip Code **22202-3706**

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 20 / 2014**

**Transaction ID : C10236802**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **3000.00**

**C. Full Name (Last, First, Middle Initial)**  
**BRISTOL-MYERS SQUIBB CO. EMPLOYEE POLITICAL ADVOCACY FUND FOR INNOVATION**

Mailing Address **801 Pennsylvania Ave NW**  
**Ste 325**

City **Washington** State **DC** Zip Code **20004-3634**

FEC ID number of contributing federal political committee. **C C00035675**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : C10290063**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000.00**

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

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

\_\_\_\_\_ **4500.00**

\_\_\_\_\_

**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 57
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Verizon Communication Good Govt Club**

Mailing Address 1300 I St NW  
Ste 400

City Washington State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : C10293826**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Goldman Sachs Group Inc. PAC**

Mailing Address 101 Constitution Ave NW  
Ste 1000

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00350744

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : C10239287**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM**

Mailing Address 2901 Telestar Ct

City Falls Church State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : C10290007**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 24 OF 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

A. Full Name (Last, First, Middle Initial)  
**COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION**

Mailing Address 1350 I St NW  
Ste 590

City Washington State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C C00274944**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : C10290009**

Amount of Each Receipt this Period  
2500.00

B. Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

Mailing Address 2200 Lake Blvd NE  
Ste 250

City Atlanta State GA Zip Code 30319-5310

FEC ID number of contributing federal political committee. **C C00432823**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : C10291829**

Amount of Each Receipt this Period  
1500.00

C. Full Name (Last, First, Middle Initial)  
**NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION**

Mailing Address 1630 Duke St  
Fl 2

City Alexandria State VA Zip Code 22314-3467

FEC ID number of contributing federal political committee. **C C00072025**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : C10242479**

Amount of Each Receipt this Period  
2000.00

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

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

6000.00

13000.00



**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 25 OF 57
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MICHIGAN DEMOCRATIC STATE CENTRAL COMMITTEE**

Mailing Address 606 Townsend St

City State Zip Code  
Lansing MI 48933-2313

FEC ID number of contributing federal political committee. **C** C00031054

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5760.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 31 2014

**Transaction ID : C10294160**

Amount of Each Receipt this Period  
240.00

**B.** Full Name (Last, First, Middle Initial)  
**SCHNEIDER FOR CONGRESS**

Mailing Address PO Box 1318

City State Zip Code  
Deerfield IL 60015-6005

FEC ID number of contributing federal political committee. **C** C00495952

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 16 2014

**Transaction ID : C10304557**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1240.00

1240.00

**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 26 OF 57			
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michigan Storage Centers LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address 1020 W 13 Mile Rd			Amount of Each Disbursement this Period <b>204.00</b>
City Madison Heights	State MI	Zip Code 48071-1603	
Purpose of Disbursement Storage Space Rental		Category/ Type	<b>Transaction ID : D555100</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. DTE Energy</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address PO Box 2859			Amount of Each Disbursement this Period <b>272.46</b>
City Detroit	State MI	Zip Code 48260-0001	
Purpose of Disbursement Office Utilities		Category/ Type	<b>Transaction ID : D553540</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Premier Business Products</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2014</b>
Mailing Address 1744 Maplelawn Dr			Amount of Each Disbursement this Period <b>318.00</b>
City Troy	State MI	Zip Code 48084-4604	
Purpose of Disbursement Office Equipment Rental		Category/ Type	<b>Transaction ID : D554831</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>794.46</b>
<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 27 OF 57	
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wow! Internet-Cable-Phone</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address <b>PO Box 5715</b>		Amount of Each Disbursement this Period <b>116.82</b>
City <b>Carol Stream</b>	State <b>IL</b>	Zip Code <b>60197-5715</b>
Purpose of Disbursement <b>Internet Services</b>	Category/Type	
Candidate Name	Transaction ID : <b>D553541</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Molly Allen Associates</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address <b>10402 Parkwood Dr</b>		Amount of Each Disbursement this Period <b>10462.67</b>
City <b>Kensington</b>	State <b>MD</b>	Zip Code <b>20895-4042</b>
Purpose of Disbursement <b>Fundraising Consulting Services</b>	Category/Type	
Candidate Name	Transaction ID : <b>D555101</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. I.B. - Payroll SVC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>23800 Van Born Rd</b>		Amount of Each Disbursement this Period <b>99.60</b>
City <b>Dearborn Heights</b>	State <b>MI</b>	Zip Code <b>48125-2355</b>
Purpose of Disbursement <b>Payroll Processing Fee</b>	Category/Type	
Candidate Name	Transaction ID : <b>D555873</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>10679.09</b>
<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 28 OF 57			
	<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)  
**Levin for Congress**

**A. Consumers Energy**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 369

City Royal Oak State MI Zip Code 48068-0369

Purpose of Disbursement Office Utilities

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 22 / 2014

Amount of Each Disbursement this Period: 54.48

Transaction ID : D555893

**B. Auto-Owners Insurance**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 21 / 2014

Amount of Each Disbursement this Period: 62.00

Transaction ID : D553543

**C. AT&T**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8100

City Aurora State IL Zip Code 60507-8100

Purpose of Disbursement Office Phone Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 30 / 2014

Amount of Each Disbursement this Period: 96.12

Transaction ID : D554794

**SUBTOTAL** of Disbursements This Page (optional) ..... 212.60

**TOTAL** 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 29 OF 57		
	<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)  
**Levin for Congress**

**A. Consumers Energy**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 369

City Royal Oak State MI Zip Code 48068-0369

Purpose of Disbursement Office Utilities

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 22 / 2014

Amount of Each Disbursement this Period: 88.82

Transaction ID : D555894

**B. US Postal Service**

Full Name (Last, First, Middle Initial)

Mailing Address 30550 Gratiot Ave

City Roseville State MI Zip Code 48066-6700

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 245.00

Transaction ID : D555094

**C. GPB LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 180292

City Utica State MI Zip Code 48318-0292

Purpose of Disbursement Office Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 07 / 2014

Amount of Each Disbursement this Period: 2500.00

Transaction ID : D555104

**SUBTOTAL** of Disbursements This Page (optional) ..... 2833.82

**TOTAL** 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 30 OF 57	
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. State of Michigan - Department Of Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2014</b>
Mailing Address <b>Department Of Treasury Department 77003</b>		Amount of Each Disbursement this Period <b>580.84</b> <b>Transaction ID : D555114</b>
City <b>Detroit</b> State <b>MI</b> Zip Code <b>48277-0001</b>	Purpose of Disbursement <b>Payroll Taxes</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DTE Energy</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 22 / 2014</b>
Mailing Address <b>PO Box 2859</b>		Amount of Each Disbursement this Period <b>272.46</b> <b>Transaction ID : D555895</b>
City <b>Detroit</b> State <b>MI</b> Zip Code <b>48260-0001</b>	Purpose of Disbursement <b>Office Utilities</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. DTE Energy</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2014</b>
Mailing Address <b>PO Box 2859</b>		Amount of Each Disbursement this Period <b>139.66</b> <b>Transaction ID : D555105</b>
City <b>Detroit</b> State <b>MI</b> Zip Code <b>48260-0001</b>	Purpose of Disbursement <b>Office Utilities</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>992.66</b>
<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 31 OF 57			
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Treasurer, City of Detroit</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address PO Box 67000		Amount of Each Disbursement this Period 75.00
City Detroit	State MI	
Zip Code 48267-0002	Purpose of Disbursement Payroll Taxes	Transaction ID : D555115
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wow! Internet-Cable-Phone</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 5715		Amount of Each Disbursement this Period 116.82
City Carol Stream	State IL	
Zip Code 60197-5715	Purpose of Disbursement Internet Services	Transaction ID : D555896
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 2377.87
City Washington	State DC	
Zip Code 20220-0001	Purpose of Disbursement Payroll Taxes	Transaction ID : D556986
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2569.69
<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 32 OF 57		
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>1500 Pennsylvania Ave NW</b>		Amount of Each Disbursement this Period <b>34.51</b> <b>Transaction ID : D550656</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20220-0001</b>	Purpose of Disbursement <b>Payroll Taxes</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. InFocus Campaigns, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2014</b>
Mailing Address <b>PO Box 10726</b>		Amount of Each Disbursement this Period <b>6328.56</b> <b>Transaction ID : D553546</b>
City <b>Fort Worth</b> State <b>TX</b> Zip Code <b>76114-0726</b>	Purpose of Disbursement <b>Automated Phone Calls</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 22 / 2014</b>
Mailing Address <b>PO Box 8100</b>		Amount of Each Disbursement this Period <b>687.95</b> <b>Transaction ID : D555897</b>
City <b>Aurora</b> State <b>IL</b> Zip Code <b>60507-8100</b>	Purpose of Disbursement <b>Office Phone Service</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7051.02</b>
<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 33 OF 57			
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. PCMS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>1050 17th St NW Ste 590</b>		Amount of Each Disbursement this Period <b>3188.65</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-5592</b>
Purpose of Disbursement <b>Accounting Services</b>	Category/Type	
Candidate Name	Transaction ID : <b>D555097</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Virginia Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2014</b>
Mailing Address <b>PO Box 27264</b>		Amount of Each Disbursement this Period <b>83.96</b>
City <b>Richmond</b>	State <b>VA</b>	Zip Code <b>23261-7264</b>
Purpose of Disbursement <b>Payroll Taxes</b>	Category/Type	
Candidate Name	Transaction ID : <b>D555117</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Premier Business Products</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address <b>1744 Maplelawn Dr</b>		Amount of Each Disbursement this Period <b>318.00</b>
City <b>Troy</b>	State <b>MI</b>	Zip Code <b>48084-4604</b>
Purpose of Disbursement <b>Office Equipment Rental</b>	Category/Type	
Candidate Name	Transaction ID : <b>D553537</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3590.61</b>
<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 34 OF 57	
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. PCMS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 1050 17th St NW Ste 590		Amount of Each Disbursement this Period 2861.99
City Washington	State DC	
Zip Code 20036-5592	Purpose of Disbursement Accounting Services	Transaction ID : D555898
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Consumers Energy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address PO Box 369		Amount of Each Disbursement this Period 27.47
City Royal Oak	State MI	
Zip Code 48068-0369	Purpose of Disbursement Office Utilities	Transaction ID : D553538
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Nevada State Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 409 Horn St		Amount of Each Disbursement this Period 2000.00
City Las Vegas	State NV	
Zip Code 89107-2121	Purpose of Disbursement Unlimited Transfer to a Party Committee	Transaction ID : D554809
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4889.46
<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 57	
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chehab &amp; Chehab, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address <b>3336 Farmdale Dr</b>		Amount of Each Disbursement this Period <b>1400.00</b>
City <b>Sterling Heights</b> State <b>MI</b> Zip Code <b>48314-2833</b>	Purpose of Disbursement <b>Office Rent</b>	
Candidate Name	Category/Type	<b>Transaction ID : D555099</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Consumers Energy</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address <b>PO Box 369</b>		Amount of Each Disbursement this Period <b>39.88</b>
City <b>Royal Oak</b> State <b>MI</b> Zip Code <b>48068-0369</b>	Purpose of Disbursement <b>Office Utilities</b>	
Candidate Name	Category/Type	<b>Transaction ID : D553539</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hon. Jeremy T Mahrle</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>
Mailing Address <b>3905 Devon Rd Apt 5</b>		Amount of Each Disbursement this Period <b>73.12</b>
City <b>Royal Oak</b> State <b>MI</b> Zip Code <b>48073-1960</b>	Purpose of Disbursement <b>Reimbursement</b>	
Candidate Name	Category/Type	<b>Transaction ID : D554810</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1513.00</b>
<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 57	
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Max #4</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 32251 John R Rd		Amount of Each Disbursement this Period 186.79
City Madison Heights	State MI	
Zip Code 48071-4723	Purpose of Disbursement Office Supplies	Transaction ID : D554811 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hon. Jeremy T Mahrle</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 3905 Devon Rd Apt 5		Amount of Each Disbursement this Period 186.79
City Royal Oak	State MI	
Zip Code 48073-1960	Purpose of Disbursement Reimbursement	Transaction ID : D554812
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tim Hortons</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 2214 E 11 Mile Rd		Amount of Each Disbursement this Period 33.90
City Royal Oak	State MI	
Zip Code 48067-2336	Purpose of Disbursement Catering	Transaction ID : D554814 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	186.79
<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 57	
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jimmy John's</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>
Mailing Address <b>30661 Hoover Rd</b>		Amount of Each Disbursement this Period <b>117.12</b>
City <b>Warren</b>	State <b>MI</b>	
Zip Code <b>48093-6570</b>	Purpose of Disbursement <b>Catering</b>	<b>Transaction ID : D554815</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Walter C Herzig III</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>320 Stratford Rd</b>		Amount of Each Disbursement this Period <b>924.19</b>
City <b>Ferndale</b>	State <b>MI</b>	
Zip Code <b>48220-2364</b>	Purpose of Disbursement <b>Reimbursement</b>	<b>Transaction ID : D555870</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Costco</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>13 W Mile Rd</b>		Amount of Each Disbursement this Period <b>924.19</b>
City <b>Madison Hts</b>	State <b>MI</b>	
Zip Code <b>48071</b>	Purpose of Disbursement <b>Event supplies</b>	<b>Transaction ID : D555871</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>924.19</b>
<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 57	
	<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)  
**Levin for Congress**

**A. I.B. - Payroll SVC**

Full Name (Last, First, Middle Initial)  
Mailing Address 23800 Van Born Rd

City Dearborn Heights State MI Zip Code 48125-2355

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 7165.00

Transaction ID : D555874

**B. Ms. Hilarie A Chambers**

Full Name (Last, First, Middle Initial)  
Mailing Address 4725 20th St N

City Arlington State VA Zip Code 22207-2220

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 797.00

Transaction ID : D555875

[MEMO ITEM]

**c. Hon. Jeremy T Mahrle**

Full Name (Last, First, Middle Initial)  
Mailing Address 3905 Devon Rd Apt 5

City Royal Oak State MI Zip Code 48073-1960

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 1510.42

Transaction ID : D555876

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 7165.00

**TOTAL** 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 39 OF 57	
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Walter C Herzig III</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>320 Stratford Rd</b>		Amount of Each Disbursement this Period <b>2150.92</b>
City <b>Ferndale</b> State <b>MI</b> Zip Code <b>48220-2364</b>	Purpose of Disbursement Payroll	Transaction ID : <b>D555877</b> <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ricardo Silva</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>8100 E Jefferson Ave Apt 807</b>		Amount of Each Disbursement this Period <b>1099.08</b>
City <b>Detroit</b> State <b>MI</b> Zip Code <b>48214-3964</b>	Purpose of Disbursement Payroll	Transaction ID : <b>D555878</b> <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms. Melanie Grund</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>4014 Robina Ave</b>		Amount of Each Disbursement this Period <b>1607.58</b>
City <b>Berkley</b> State <b>MI</b> Zip Code <b>48072-1453</b>	Purpose of Disbursement Payroll	Transaction ID : <b>D555879</b> <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<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 40 OF 57	
	<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)  
**Levin for Congress**

**A. I.B. - Payroll SVC**

Full Name (Last, First, Middle Initial)  
Mailing Address 23800 Van Born Rd

City Dearborn Heights State MI Zip Code 48125-2355

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 14 / 2014

Amount of Each Disbursement this Period: 7164.99

Transaction ID : D555880

Category/Type

**B. Ms. Hilarie A Chambers**

Full Name (Last, First, Middle Initial)  
Mailing Address 4725 20th St N

City Arlington State VA Zip Code 22207-2220

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 14 / 2014

Amount of Each Disbursement this Period: 797.01

Transaction ID : D555881

[MEMO ITEM]

Category/Type

**c. Hon. Jeremy T Mahrle**

Full Name (Last, First, Middle Initial)  
Mailing Address 3905 Devon Rd Apt 5

City Royal Oak State MI Zip Code 48073-1960

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 14 / 2014

Amount of Each Disbursement this Period: 1510.41

Transaction ID : D555882

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 7164.99

**TOTAL** 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 41 OF 57	
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Walter C Herzig III</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 320 Stratford Rd		Amount of Each Disbursement this Period 2150.92
City Ferndale State MI Zip Code 48220-2364	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	Transaction ID : D555883 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ricardo Silva</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 8100 E Jefferson Ave Apt 807		Amount of Each Disbursement this Period 1099.08
City Detroit State MI Zip Code 48214-3964	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	Transaction ID : D555884 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ms. Melanie Grund</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 4014 Robina Ave		Amount of Each Disbursement this Period 1607.57
City Berkley State MI Zip Code 48072-1453	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	Transaction ID : D555885 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 42 OF 57			
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 790408 World Perks Visa		Amount of Each Disbursement this Period 3923.04
City Saint Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement Credit Card Payment	Transaction ID : D555901
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 727		Amount of Each Disbursement this Period 30.25
City Memphis	State TN	
Zip Code 38194-0001	Purpose of Disbursement Shipping	Transaction ID : D555920
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 8100		Amount of Each Disbursement this Period 148.00
City Aurora	State IL	
Zip Code 60507-8100	Purpose of Disbursement Office Phone Service	Transaction ID : D555930
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3923.04
<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 43 OF 57			
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Car Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 338 Lucas Dr		Amount of Each Disbursement this Period 365.95
City Detroit	State MI	Zip Code 48242-1403
Purpose of Disbursement Travel	Transaction ID : D555950	
Candidate Name	[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 727		Amount of Each Disbursement this Period 30.25
City Memphis	State TN	Zip Code 38194-0001
Purpose of Disbursement Shipping	Transaction ID : D555921	
Candidate Name	[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 342.20
City Dallas	State TX	Zip Code 75235-1647
Purpose of Disbursement Travel	Transaction ID : D555931	
Candidate Name	[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 44 OF 57	
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Meijer</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 2929 Walker Ave NW		Amount of Each Disbursement this Period 201.50
City Grand Rapids	State MI	
Zip Code 49544-6402	Purpose of Disbursement Office Supplies	Transaction ID : D555971
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New York Bagel Company</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 23316 Woodward Ave		Amount of Each Disbursement this Period 24.12
City Ferndale	State MI	
Zip Code 48220-1302	Purpose of Disbursement Catering	Transaction ID : D555912
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 727		Amount of Each Disbursement this Period 72.98
City Memphis	State TN	
Zip Code 38194-0001	Purpose of Disbursement Shipping	Transaction ID : D555922
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 45 OF 57	
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Concorde Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 44315 N Gratiot Ave		Amount of Each Disbursement this Period 87.59
City Clinton Township	State MI Zip Code 48036-1355	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D555903
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 501.20
City Atlanta	State GA Zip Code 30320-6001	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D555913
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 727		Amount of Each Disbursement this Period 48.18
City Memphis	State TN Zip Code 38194-0001	
Purpose of Disbursement Shipping	Candidate Name	Transaction ID : D555923
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 46 OF 57	
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Exxon Mobil</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address Dequindre Rd		Amount of Each Disbursement this Period 50.11
City Madison Hts	State MI	
Zip Code 48071	Purpose of Disbursement Travel	Transaction ID : D555963 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 727		Amount of Each Disbursement this Period 30.25
City Memphis	State TN	
Zip Code 38194-0001	Purpose of Disbursement Shipping	Transaction ID : D555904 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 727		Amount of Each Disbursement this Period 30.25
City Memphis	State TN	
Zip Code 38194-0001	Purpose of Disbursement Shipping	Transaction ID : D555924 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 47 OF 57	
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Concorde Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 44315 N Gratiot Ave		Amount of Each Disbursement this Period 82.79
City Clinton Township	State MI Zip Code 48036-1355	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D555964
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 25.00
City Atlanta	State GA Zip Code 30320-6001	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D555915
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. New York Bagel Company</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 23316 Woodward Ave		Amount of Each Disbursement this Period 23.02
City Ferndale	State MI Zip Code 48220-1302	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : D555965
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 48 OF 57			
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 29040 Van Dyke Ave		Amount of Each Disbursement this Period 162.02
City Warren	State MI Zip Code 48093-2301	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D555925
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 497.70
City Atlanta	State GA Zip Code 30320-6001	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D555916
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 29040 Van Dyke Ave		Amount of Each Disbursement this Period 2.62
City Warren	State MI Zip Code 48093-2301	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D555926
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 49 OF 57			
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 29040 Van Dyke Ave		Amount of Each Disbursement this Period 206.27
City Warren	State MI Zip Code 48093-2301	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D555927
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Maple Lane Florist</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 1522 N Crooks Rd		Amount of Each Disbursement this Period 90.10
City Clawson	State MI Zip Code 48017-1049	
Purpose of Disbursement Flowers	Candidate Name	Transaction ID : D555937
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Office Max #1071</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 26475 Hoover Rd		Amount of Each Disbursement this Period 247.03
City Warren	State MI Zip Code 48089-1102	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D555908
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 50 OF 57	
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 790292		Amount of Each Disbursement this Period 40.00
City Saint Louis	State MO	
Zip Code 63179-0292	Purpose of Disbursement Mobile Phone Service	Transaction ID : D555928 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 727		Amount of Each Disbursement this Period 30.25
City Memphis	State TN	
Zip Code 38194-0001	Purpose of Disbursement Shipping	Transaction ID : D555909 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 727		Amount of Each Disbursement this Period 30.25
City Memphis	State TN	
Zip Code 38194-0001	Purpose of Disbursement Shipping	Transaction ID : D555919 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 51 OF 57	
	<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)  
**Levin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Max #4</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 22 / 2014</b>
Mailing Address 32251 John R Rd		Amount of Each Disbursement this Period <b>29.02</b>
City Madison Heights	State MI	
Zip Code 48071-4723	Purpose of Disbursement Office Supplies	Transaction ID : <b>D555929</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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:		

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).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>54490.72</b>

**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 52 OF 57	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CTE Michael A Boyle</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 02 / 2014</b>
Mailing Address <b>23139 E 13 Mile Rd</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : D556981</b>
City <b>Saint Clair Shores</b> State <b>MI</b> Zip Code <b>48082-2012</b>	Purpose of Disbursement <b>Nonfederal Contribution</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MICHIGAN DEMOCRATIC STATE CENTRAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address <b>606 Townsend St</b>		Amount of Each Disbursement this Period <b>3685.23</b> <b>Transaction ID : D555872</b>
City <b>Lansing</b> State <b>MI</b> Zip Code <b>48933-2313</b>	Purpose of Disbursement <b>Unlimited Transfer</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Friends of Henry Yanez</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address <b>PO Box 7213</b>		Amount of Each Disbursement this Period <b>383.90</b> <b>Transaction ID : D557483</b> <b>[MEMO ITEM]</b>
City <b>Sterling Heights</b> State <b>MI</b> Zip Code <b>48311-7213</b>	Purpose of Disbursement <b>In Kind Given: Office Space</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4685.23</b>
<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 53 OF 57
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. JOE GARCIA FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 210 Mendoza Ave		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D554823</b>
City State Zip Code Coral Gables FL 33134-3941	Purpose of Disbursement Contribution	
Candidate Name <b>Jose Antonio Garcia</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 25		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF ELIZABETH ESTY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 61		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D554824</b>
City State Zip Code Cheshire CT 06410-0061	Purpose of Disbursement Contribution	
Candidate Name <b>ELIZABETH ESTY</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CT District: 05		

Full Name (Last, First, Middle Initial) <b>C. ROMANOFF FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address PO Box 783		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D553544</b>
City State Zip Code Aurora CO 80040-0783	Purpose of Disbursement Contribution	
Candidate Name <b>ANDREW ROMANOFF</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CO District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<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 54 OF 57
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. TED LIEU FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 6380 Wilshire Blvd Ste 1612		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D554795</b>
City Los Angeles State CA Zip Code 90048-5018	Purpose of Disbursement Contribution	
Candidate Name <b>TED LIEU</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 33		

Full Name (Last, First, Middle Initial) <b>B. OWENS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO Box 2786		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D554796</b>
City Salt Lake City State UT Zip Code 84110-2786	Purpose of Disbursement Contribution	
Candidate Name <b>H DOUGLAS OWENS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: UT District: 04		

Full Name (Last, First, Middle Initial) <b>c. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 430 S Capitol St SE		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : D554797</b>
City Washington State DC Zip Code 20003-4024	Purpose of Disbursement Unlimited Transfer to a Party Committee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14000.00
<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 55 OF 57			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Sean Patrick Maloney for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>
Mailing Address <b>18 W Main St</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>D554827</b>
City <b>Beacon</b> State <b>NY</b> Zip Code <b>12508-2512</b>	Purpose of Disbursement Contribution	
Candidate Name <b>SEAN PATRICK MALONEY</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>18</b>		

Full Name (Last, First, Middle Initial) <b>B. NICK CASEY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2014</b>
Mailing Address <b>PO Box 1311</b>		Amount of Each Disbursement this Period <b>2000.00</b> Transaction ID : <b>D554798</b>
City <b>Charleston</b> State <b>WV</b> Zip Code <b>25325-1311</b>	Purpose of Disbursement Contribution	
Candidate Name <b>GEORGE NICHOLAS JR CASEY</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WV</b> District: <b>02</b>		

Full Name (Last, First, Middle Initial) <b>C. RON BARBER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>
Mailing Address <b>PO Box 57715</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>D554818</b>
City <b>Tucson</b> State <b>AZ</b> Zip Code <b>85732-7715</b>	Purpose of Disbursement Contribution	
Candidate Name <b>RON BARBER</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>AZ</b> District: <b>08</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4000.00</b>
<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 56 OF 57
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Horsford for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>
Mailing Address 6100 Elton Ave Ste 1000		Amount of Each Disbursement this Period <b>1000.00</b>
City Las Vegas State NV Zip Code 89107-0123	Purpose of Disbursement Contribution	Transaction ID : <b>D554828</b>
Candidate Name <b>Steven Horsford</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 04		

Full Name (Last, First, Middle Initial) <b>B. MICHIGAN DEMOCRATIC STATE CENTRAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address 606 Townsend St		Amount of Each Disbursement this Period <b>5800.00</b>
City Lansing State MI Zip Code 48933-2313	Purpose of Disbursement Unlimited Transfer	Transaction ID : <b>D555868</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BERA FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>
Mailing Address PO Box 582496		Amount of Each Disbursement this Period <b>1000.00</b>
City Elk Grove State CA Zip Code 95758-0042	Purpose of Disbursement Contribution	Transaction ID : <b>D554819</b>
Candidate Name <b>Ami Bera</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7800.00</b>
<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 57 OF 57	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Committee for Sandy Colvin</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2014</b>
Mailing Address P.O. 253034		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : D555869</b>
City <b>Detroit</b>	State <b>MI</b>	
Zip Code <b>48235</b>	Purpose of Disbursement Nonfederal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PETERSON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>
Mailing Address 26192 Floyd Lake Point Rd		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : D554829</b>
City <b>Detroit Lakes</b>	State <b>MN</b>	
Zip Code <b>56501-7607</b>	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>COLLIN CLARK PETERSON</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: <b>MN</b> District: <b>07</b>	

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).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>35485.23</b>