

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

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

FOR LINE NUMBER:
(check only one) 1a 2

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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

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

A. Phil Banaszek

Account : 4426

Mailing Address 3514 56th St Place

City Moline State IL Zip Code 61265

Name of Employer or Principal Place of Business

Rock Island County

Occupation County Board

Date of Receipt

08 / 31 / 2012

Transaction ID : SASL1A.5848

Amount of Each Receipt this Period

350.00

Aggregate Year-to-Date

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

B. Robert Brown

Account : 4426

Mailing Address 3400 35th Street

City Rock Island State IL Zip Code 61201

Name of Employer or Principal Place of Business

State of Illinois

Occupation Manager

Date of Receipt

09 / 01 / 2012

Transaction ID : SASL1A.6273

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

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

C. CHERI BUSTOS

Account : 4426

Mailing Address PO BOX 77

City EAST MOLINE State IL Zip Code 61244

Name of Employer or Principal Place of Business

Unemployed

Occupation Unemployed

Date of Receipt

09 / 01 / 2012

Transaction ID : SASL1A.6276

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

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

D. Marshall E Douglas

Account : 4426

Mailing Address 2108 13th St

City Moline State IL Zip Code 61265

Name of Employer or Principal Place of Business

IUOE Local #150

Occupation Treasurer

Date of Receipt

08 / 23 / 2012

Transaction ID : SASL1A.5808

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

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

1450.00

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

1450.00