

**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

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)  
 Nevada State Democratic Party

Full Name (Last, First, Middle Initial)

A. Carl H. Lindner

Mailing Address 8555 Shawnee Run Road

City Cincinnati State OH Zip Code 45243

Name of Employer or Principal Place of Business

Occupation

Transaction ID:ASL1A-000007324

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 0 1 / 2 0 0 4

Amount of Each Receipt this Period  
 10000.00

Aggregate Year-to-Date  
 10000.00

Account: B

Transaction ID:ASL1A-000007326

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 0 1 / 2 0 0 4

Amount of Each Receipt this Period  
 10000.00

Aggregate Year-to-Date  
 10000.00

Account: B

Full Name (Last, First, Middle Initial)

B. Edith Lindner

Mailing Address 8555 Shawnee Run Road

City Cincinnati State OH Zip Code 45243

Name of Employer or Principal Place of Business

Occupation

Full Name (Last, First, Middle Initial)

C. Fred Eychaner

Mailing Address 1645 W. Fullerton Ave.

City Chicago State IL Zip Code 60614

Name of Employer or Principal Place of Business

Occupation

Transaction ID:ASL1A-000007509

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 0 4

Amount of Each Receipt this Period  
 10000.00

Aggregate Year-to-Date  
 10000.00

Account: B

Transaction ID:ASL1A-000007510

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 0 4

Amount of Each Receipt this Period  
 10000.00

Aggregate Year-to-Date  
 10000.00

Account: B

Full Name (Last, First, Middle Initial)

D. Beasley Allen

Mailing Address PO Box 4160

City Montgomery State AL Zip Code 36103

Name of Employer or Principal Place of Business

Occupation

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

40000.00

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