

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

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

FOR LINE NUMBER: PAGE 6 OF 8
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC

<p>A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Levin, Steven, , ,</p> <p>Mailing Address 2300 NW Corporate Blvd Ste 135</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Boca Raton</td> <td style="width: 15%;">State FL</td> <td style="width: 52%;">Zip Code 33431</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) SMD Property</td> <td style="width: 67%;">Occupation (for Individual) President</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 5000.00 </p>			City Boca Raton	State FL	Zip Code 33431	Name of Employer (for Individual) SMD Property	Occupation (for Individual) President	<p>Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2019 </p> <p>Transaction ID : SA11AI.5647</p> <p>Amount of Each Receipt this Period 5000.00 </p> <p><input type="checkbox"/> Memo Item</p>		
City Boca Raton	State FL	Zip Code 33431								
Name of Employer (for Individual) SMD Property	Occupation (for Individual) President									
<p>B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>Mailing Address</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 15%;">State</td> <td style="width: 52%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual)</td> <td style="width: 67%;">Occupation (for Individual)</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ </p>			City	State	Zip Code	Name of Employer (for Individual)	Occupation (for Individual)	<p>Date of Receipt M M / D D / Y Y Y Y Y Y </p> <p>Amount of Each Receipt this Period </p> <p><input type="checkbox"/> Memo Item</p>		
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City	State	Zip Code								
Name of Employer (for Individual)	Occupation (for Individual)									
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			5000.00							
<p>TOTAL This Period (last page this line number only)..... ▶</p>			5000.00							