

**FEC FORM 2  
STATEMENT OF CANDIDACY**

RECEIVED.  
SECRETARY OF THE SENATE  
JAN 22 PM 2:36

1. (a) Name of Candidate (in full) <b>ROB PORTMAN</b>		2. Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>203 MIAMI AVENUE</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <b>CINCINNATI, OHIO 45174</b>		6. State & District of Candidate <b>OHIO</b>
4. Party Affiliation <b>REPUBLICAN</b>	5. Office Sought <b>SENATE</b>	

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>PORTMAN FOR SENATE COMMITTEE</b>
(b) Address (number and street) <b>8331 LITTLE HARBOR DRIVE</b>
(c) City, State, and ZIP Code <b>CINCINNATI, OHIO 45244</b>

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

**DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)**

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A	<input type="checkbox"/>	for the primary election, and
9B	<input type="checkbox"/>	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <b>X Rob Portman</b>	Date <b>1/21/09</b>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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29020040391

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

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OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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