

**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 36 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Portman For Senate Committee**

Full Name (Last, First, Middle Initial) <b>A. Robert Howard</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2014
Mailing Address 45 Twin Brooks Road		Transaction ID : A-CF47797
City Saddle River	State NJ	
Zip Code 07458		Amount of Each Receipt this Period 2600
FEC ID number of contributing federal political committee. C		
Name of Employer KKR	Occupation Finance	Election Cycle-to-Date 2600
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. David Howell</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 37 N Pine Circle		Transaction ID : A-CF48072
City Belleair	State FL	
Zip Code 33756-1639		Amount of Each Receipt this Period 1000
FEC ID number of contributing federal political committee. C		
Name of Employer Howell Insurance Advisors, LLC	Occupation Insurance Agent	Election Cycle-to-Date 1000
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Robert Huebscher</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 52 Solomon Pierce		Transaction ID : A-CF47711
City Lexington	State MA	
Zip Code 02420		Amount of Each Receipt this Period 1000
FEC ID number of contributing federal political committee. C		
Name of Employer Advisor Perspectives	Occupation CEO	Election Cycle-to-Date 1000
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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