

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 179			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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)
PORTMAN FOR SENATE COMMITTEE

Full Name (Last, First, Middle Initial) A. MIXON, A. MALACHI, M., MR., III			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2020		
Mailing Address 3105 TOPPING LANE			FEC Identification Number C		
City CHAGRIN FALLS	State OH	Zip Code 44022-6649	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement REFUND: REFUND OF EXCESS CONTRIBUTION		Category/ Type 010	Transaction ID : B15B1456F387F4D75B22		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. PINNEY, JON, J., MR.,			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2020		
Mailing Address 2857 SOM CENTER RD			FEC Identification Number C		
City CHAGRIN FALLS	State OH	Zip Code 44022-6653	Amount of Each Disbursement this Period 200.00		
Purpose of Disbursement REFUND: REFUND OF EXCESS CONTRIBUTIONS		Category/ Type 010	Transaction ID : B4B8D8B3EED2F4A06BE6		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	8400.00