

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Team Portman

ADDRESS (number and street) 9856 Archer Ln

Check if different than previously reported. (ACC)

Dublin

OH

43017-8914

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00694984

3. IS THIS REPORT NEW (N) OR AMENDED (A)

NEW (N)

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on [MM/DD/YYYY] in the State of []

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on [MM/DD/YYYY] in the State of []

5. Covering Period [01/01/2020] through [03/31/2020]

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

Baur, Natalie, , ,

Type or Print Name of Treasurer

Signature of Treasurer Baur, Natalie, , ,

[Electronically Filed]

Date [04/15/2020]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Table with 11 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Team Portman

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="3420.99"/>	<input type="text" value="3420.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3420.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="145100.00"/>	<input type="text" value="145100.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="148520.99"/>	<input type="text" value="148520.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="140938.01"/>	<input type="text" value="140938.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7582.98"/>	<input type="text" value="7582.98"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

Team Portman

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2020 To: M M / D D / Y Y Y Y 03 / 31 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	145100.00	145100.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	145100.00	145100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	145100.00	145100.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	145100.00	145100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	145100.00	145100.00

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5204.89	5204.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5204.89	5204.89
22. Transfers to Affiliated/Other Party Committees.....	134533.12	134533.12
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1200.00	1200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1200.00	1200.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	140938.01	140938.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	140938.01	140938.01

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	145100.00	145100.00
34. Total Contribution Refunds (from Line 28(d))	1200.00	1200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	143900.00	143900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5204.89	5204.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5204.89	5204.89

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)
Team Portman

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Brinker, Nancy, , ,		Date of Receipt MM / DD / YYYY 02 / 14 / 2020 Transaction ID : A87CD0EBE98AE48B98E0
Mailing Address 211 Via Tortuga		Amount of Each Receipt this Period 5600.00
City Palm Beach	State FL	Zip Code 33480-3638
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Global Strategy	Occupation (for Individual) Founder and Chair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Broadhead, James, , ,		Date of Receipt MM / DD / YYYY 03 / 23 / 2020 Transaction ID : A741D0D1989B24E30BA3
Mailing Address 1245 Lake House Dr		Amount of Each Receipt this Period 2000.00
City North Palm Beach	State FL	Zip Code 33408-3370
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AchHelion Capitol Partners	Occupation (for Individual) Investment Professional	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Dalton, Mark, , ,		Date of Receipt MM / DD / YYYY 02 / 27 / 2020 Transaction ID : A27705386C0824544B53
Mailing Address 340 Garden Rd		Amount of Each Receipt this Period 5200.00
City Palm Beach	State FL	Zip Code 33480-3222
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Tudor Investment Corporation	Occupation (for Individual) Co-Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5200.00	

SUBTOTAL of Receipts This Page (optional).....	12800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Team Portman

A. El-Hibri, Fuad, , Y.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13675 Vanderbilt Dr
Unit 710

City Naples State FL Zip Code 34110-6121

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Emergent BioSolutions, Inc. Occupation (for Individual) Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5600.00

Date of Receipt 03 / 27 / 2020
Transaction ID : A283B3077DEE0412583F

Amount of Each Receipt this Period 5600.00

Memo Item

B. El-Hibri, Nancy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13675 Vanderbilt Drive
Unit 710

City Naples State FL Zip Code 34110-6121

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5600.00

Date of Receipt 03 / 27 / 2020
Transaction ID : AF0EE4F4CC6EC4481AA6

Amount of Each Receipt this Period 5600.00

Memo Item

C. Esselman, Jerome, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 Prospect St

City Charlevoix State MI Zip Code 49720

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 02 / 14 / 2020
Transaction ID : ABF53B229B0B847D4836

Amount of Each Receipt this Period 1400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	12600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Team Portman

A. Essleman, Mary Jean, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Prospect St
 City Charlevoix State MI Zip Code 49720-1172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2020
Transaction ID : AC6CAEFC52E3342EE970
 Amount of Each Receipt this Period
 1400.00
 Memo Item

B. Fisher, Frances, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 Royal Poinciana Way Ste 317233
 City Palm Beach State FL Zip Code 33480-4048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Philanthropist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2020
Transaction ID : A6CFCB87D4D914A91B78
 Amount of Each Receipt this Period
 2800.00
 Memo Item

C. Gage, G. Robert, , Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 Third Street
 City Garden City State NY Zip Code 11530-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gage Spencer Fleming Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : A2D697664AFB7449B92C
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Team Portman

A. Galvin, Christopher, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 389 S Lake Dr
3B

City Palm Beach State FL Zip Code 33480-4567

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Harrison Street Capital Occupation (for Individual) Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 27 / 2020
Transaction ID : AA4F113A7CDE042B9992

Amount of Each Receipt this Period
5000.00

Memo Item

B. Galvin, Cynthia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 389 S Lake Dr
3B

City Palm Beach State FL Zip Code 33480

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 27 / 2020
Transaction ID : A348B8E91D80A4C62B6E

Amount of Each Receipt this Period
5000.00

Memo Item

C. Hunt, Hunter, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 N Akard St

City Dallas State TX Zip Code 75201-2300

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hunt Consolidated Occupation (for Individual) Co-President

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5600.00

Date of Receipt
03 / 17 / 2020
Transaction ID : A335E4B787E964697A39

Amount of Each Receipt this Period
5600.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 15600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Team Portman

A. Hunt, Nancy, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 N Akard St
 City Dallas State TX Zip Code 75201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) n/a Occupation (for Individual) Homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt 03 / 17 / 2020
Transaction ID : A680E4A6570454BF7AE4
 Amount of Each Receipt this Period 5600.00
 Memo Item

B. Hunt, Ray, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 N Akard St
 City Dallas State TX Zip Code 75201-2300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hunt Consolidated Occupation (for Individual) Chairman, President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt 03 / 17 / 2020
Transaction ID : A187E1F6051984E08926
 Amount of Each Receipt this Period 5600.00
 Memo Item

C. Jarem, Helen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5585 Liberty Rd
 City Bentleyville State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sherwin-Williams Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 02 / 2020
Transaction ID : AF5E65997DFCF4DC9B88
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	12200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team Portman

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Javits, Eric, , ,		Date of Receipt MM / DD / YYYY 02 / 27 / 2020
Mailing Address 150 Bradley Pl Apt 407		Transaction ID : A86579A15727C49AA9CE
City Palm Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Diplomat	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Johnson, Ann, , ,		Date of Receipt MM / DD / YYYY 03 / 04 / 2020
Mailing Address 1220 S Ocean Blvd		Transaction ID : A01F7AE6BE3404FA287F
City Palm Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4800.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Johnson, Charles, B., Mr.,		Date of Receipt MM / DD / YYYY 03 / 04 / 2020
Mailing Address 1220 S Ocean Blvd		Transaction ID : A19E0E398333A4741A56
City Palm Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4800.00
Name of Employer (for Individual) N/A	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4800.00	

SUBTOTAL of Receipts This Page (optional).....	10600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Team Portman

A. Johnson, Susan, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3034 Gordon Dr
 City Naples State FL Zip Code 34102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) n/a Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2020
Transaction ID : A810F4BE4B32C4208BF0
 Amount of Each Receipt this Period
 5600.00
 Memo Item

B. Johnson, William, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3034 Gordon Dr
 City Naples State FL Zip Code 34102-7861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired Chariman, Pres & CEO HJ Heir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2020
Transaction ID : AC180686BCDE2480FB67
 Amount of Each Receipt this Period
 5600.00
 Memo Item

C. Jordan, Darlene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 S Lake Trail
 City Palm Beach State FL Zip Code 33480-4127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : A8F0D0A91E4444E8CB8E
 Amount of Each Receipt this Period
 5600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	16800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Team Portman

A. Jr., Taras, Szmagala, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5585 Liberty Rd
 City Bentleyville State OH Zip Code 44022-3525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eaton Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 02 / 2020
Transaction ID : ABA84A359A75D47BEB28
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Leach, Gretchen, C., Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Royal Palm Way Suite 401
 City Palm Beach State FL Zip Code 33480-4308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Philanthropist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 19 / 2020
Transaction ID : AC03A4B15566E4882927
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Leach, Howard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Royal Palm Way Suite 401
 City Palm Beach State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Philanthropist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 19 / 2020
Transaction ID : AF2A71A2BA5C14131AC3
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Team Portman

A. Luter, Karin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Indian Road
 City Palm Beach State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) n/a Occupation (for Individual) Homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **02 / 10 / 2020**
Transaction ID : A9C4B54B7228A40BF847
 Amount of Each Receipt this Period 2800.00
 Memo Item

B. Merriman, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Indian Rd
 City Palm Beach State FL Zip Code 33480-3021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Americo Life Occupation (for Individual) Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **02 / 19 / 2020**
Transaction ID : A45AB733632544D77B33
 Amount of Each Receipt this Period 2800.00
 Memo Item

C. Peterffy, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Conyers Farm Drive
 City Greenwich State CT Zip Code 06831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Interactive Brokers Group Occupation (for Individual) Chairman and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt **03 / 02 / 2020**
Transaction ID : AE780B90C80984A83833
 Amount of Each Receipt this Period 5600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	11200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Team Portman

A. Powers, Marianne, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1473 N Ocean Blvd

City Palm Beach	State FL	Zip Code 33480
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2020

Transaction ID : A8614B695E5534D6E82F

Amount of Each Receipt this Period
5600.00

Memo Item

B. Powers, William, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1473 N Ocean Blvd

City Palm Beach	State FL	Zip Code 33480-3044
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2020

Transaction ID : ACD90467850884AA5846

Amount of Each Receipt this Period
5600.00

Memo Item

C. Roepers, Alexander, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 432 Park Ave #81B

City New York	State NY	Zip Code 10022-3555
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Atlantic Investment Management	Occupation (for Individual) Founder & CIO, Hedge Fund
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2020

Transaction ID : A344F267C433745E5B16

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	13200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Team Portman

A. Ross, Wilbur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 328 El Vedado Rd
 City Palm Beach State FL Zip Code 33480-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WL Ross & Co. Occupation (for Individual) Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt 03 / 04 / 2020
Transaction ID : A4B8EDD1A01D54E28BBE
 Amount of Each Receipt this Period 5600.00
 Memo Item

B. Schar, Dwight, C., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 South Ocean
 City Palm Beach State FL Zip Code 33480-4737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NVR, Inc. Occupation (for Individual) Executive Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt 02 / 14 / 2020
Transaction ID : A06D0715D0B204FB2B01
 Amount of Each Receipt this Period 5600.00
 Memo Item

C. Schar, Martha, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 South Ocean
 City Palm Beach State FL Zip Code 33480-4737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) n/a Occupation (for Individual) Homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt 02 / 14 / 2020
Transaction ID : A488EB7F8B810444D86D
 Amount of Each Receipt this Period 5600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	16800.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 17 OF 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Team Portman

A. Wareham, Laura, Lee, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1402 Kirby Rd

City McLean	State VA	Zip Code 22101-3201
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) Homemaker
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2020

Transaction ID : A2CE143DBC7B049A48F4

Amount of Each Receipt this Period
2800.00

Memo Item

B. Weekley, Richard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 N Post Oak Rd

City Houston	State TX	Zip Code 77055-7310
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Real Estate Developer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2020

Transaction ID : A0A57535DE668487E971

Amount of Each Receipt this Period
2800.00

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5600.00
TOTAL This Period (last page this line number only).....	145100.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team Portman

Full Name (Last, First, Middle Initial) A. Aristotle		Date of Disbursement MM / DD / YYYY 02 / 21 / 2020	
Mailing Address 205 Pennsylvania Avenue, SE			
City Washington	State DC	Zip Code 20003-1164	
Purpose of Disbursement Software		Category/ Type 001	FEC Identification Number C
Candidate Name			Transaction ID : B7BD2AB3FF Amount of Each Disbursement this Period 750.00
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) ▼		<input type="checkbox"/> Memo Item
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. Aristotle		Date of Disbursement MM / DD / YYYY 03 / 02 / 2020	
Mailing Address 205 Pennsylvania Avenue, SE			
City Washington	State DC	Zip Code 20003-1164	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	FEC Identification Number C
Candidate Name			Transaction ID : BCDD007016 Amount of Each Disbursement this Period 190.00
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) ▼		<input type="checkbox"/> Memo Item
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. Aristotle		Date of Disbursement MM / DD / YYYY 03 / 26 / 2020	
Mailing Address 205 Pennsylvania Avenue, SE			
City Washington	State DC	Zip Code 20003-1164	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	FEC Identification Number C
Candidate Name			Transaction ID : B5F30BA6BF Amount of Each Disbursement this Period 560.00
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) ▼		<input type="checkbox"/> Memo Item
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team Portman

Full Name (Last, First, Middle Initial)
A. Black Rock, Inc.

Date of Disbursement: MM / DD / YYYY
02 / 21 / 2020

Mailing Address

City State Zip Code

Purpose of Disbursement: Venue Rental
Candidate Name

Category/Type: 001

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

FEC Identification Number: C
Transaction ID : B99A2789AB
Amount of Each Disbursement this Period: 900.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Boston Corp Coach

Date of Disbursement: MM / DD / YYYY
03 / 19 / 2020

Mailing Address

City State Zip Code

Purpose of Disbursement: Transportation
Candidate Name

Category/Type: 001

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

FEC Identification Number: C
Transaction ID : B0061DCAC2
Amount of Each Disbursement this Period: 772.16
 Memo Item

Full Name (Last, First, Middle Initial)
C. Carolina Catering Company

Date of Disbursement: MM / DD / YYYY
03 / 09 / 2020

Mailing Address

City State Zip Code

Purpose of Disbursement: Reception catering
Candidate Name

Category/Type: 001

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

FEC Identification Number: C
Transaction ID : B6C3126E79
Amount of Each Disbursement this Period: 647.10
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2319.26

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Team Portman

Full Name (Last, First, Middle Initial)

A. Christafaro's

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Reception catering

001

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : B434E2AD82

Amount of Each Disbursement this Period

[REDACTED] 374.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Dishes

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Reception catering

001

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : BF58358793C

Amount of Each Disbursement this Period

[REDACTED] 218.80

Memo Item

Full Name (Last, First, Middle Initial)

C. Graeter's

Mailing Address 1175 Regina Graeter Way

City

Cincinnati

State

OH

Zip Code

45216-1998

Purpose of Disbursement
Host gifts

001

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : B3FF362A05

Amount of Each Disbursement this Period

[REDACTED] 336.39

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 929.69

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team Portman

Full Name (Last, First, Middle Initial) A. Palm Beach Parking		Date of Disbursement MM / DD / YYYY 02 / 18 / 2020	
Mailing Address 1499 Forest Hill Blvd Ste 105		FEC Identification Number C [] Transaction ID : B1314F1DBE	
City Lake Clarke Shores	State FL	Zip Code 33406-6050	Amount of Each Disbursement this Period [] 270.00
Purpose of Disbursement Valet Services		Category/ Type 001	<input type="checkbox"/> Memo Item
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:			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period []
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
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:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period []
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
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).....▶	[] 270.00
TOTAL This Period (last page this line number only).....▶	[] 5018.95

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team Portman

A. Portman For Senate Committee

Full Name (Last, First, Middle Initial)
Mailing Address 9856 Archer Ln

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement
Transfer of Joint fundraising proceeds

Candidate Name
Portman, Rob The, Honora, ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: OH District:

Date of Disbursement: 03 / 31 / 2020

FEC Identification Number: C00458463
Transaction ID : BC4A803F42
Amount of Each Disbursement this Period: 50296.61

Memo Item

B. Portman For Senate Committee

Full Name (Last, First, Middle Initial)
Mailing Address 9856 Archer Ln

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement
Transfer of Joint fundraising proceeds

Candidate Name
Portman, Rob The, Honora, ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: OH District:

Date of Disbursement: 03 / 31 / 2020

FEC Identification Number: C00458463
Transaction ID : B56C1DB161
Amount of Each Disbursement this Period: 33316.49

Memo Item

C. Promoting Our Republican Team PAC

Full Name (Last, First, Middle Initial)
Mailing Address 8331 Little Harbor Dr

City Cincinnati State OH Zip Code 45244-2768

Purpose of Disbursement
Transfer of joint fundraising proceeds

Candidate Name
Promoting Our Republican Team PAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2020

FEC Identification Number: C00440032
Transaction ID : B40C9BFAB
Amount of Each Disbursement this Period: 50920.02

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	134533.12
TOTAL This Period (last page this line number only).....▶	134533.12

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team Portman

Full Name (Last, First, Middle Initial) A. Schar, Dwight, C., Mr.,		Date of Disbursement MM / DD / YYYY 02 / 27 / 2020	
Mailing Address 550 South Ocean		FEC Identification Number C [] Transaction ID : B9362978700 Amount of Each Disbursement this Period [] 600.00	
City Palm Beach	State FL	Zip Code 33480-4737	Category/ Type 010
Purpose of Disbursement Refund of Excess Contribution		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:			

Full Name (Last, First, Middle Initial) B. Schar, Martha, , Mrs.,		Date of Disbursement MM / DD / YYYY 02 / 27 / 2020	
Mailing Address 550 South Ocean		FEC Identification Number C [] Transaction ID : B591E0103C4 Amount of Each Disbursement this Period [] 600.00	
City Palm Beach	State FL	Zip Code 33480-4737	Category/ Type 010
Purpose of Disbursement Refund of excess contribution		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:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		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).....▶	[] 1200.00
TOTAL This Period (last page this line number only).....▶	[] 1200.00