

**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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
VOINOVICH FOR U.S. SENATE

<p>A. Full Name (Last, First, Middle Initial) Portman for Senate</p>		<p>Transaction ID: 0138751 Date of Disbursement 03 / 30 / 2009</p>	
<p>Mailing Address 8331 Little Harbor Drive</p>		<p>Amount of Each Disbursement this Period 2000.00</p>	
<p>City Cincinnati State OH Zip Code 45244</p>	<p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p>		
<p>Candidate Name Rob Portman</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00</p>	<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>B. Full Name (Last, First, Middle Initial) Portman for Senate</p>		<p>Transaction ID: 0138752 Date of Disbursement 03 / 30 / 2009</p>	
<p>Mailing Address 8331 Little Harbor Drive</p>		<p>Amount of Each Disbursement this Period 2000.00</p>	
<p>City Cincinnati State OH Zip Code 45244</p>	<p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p>		
<p>Candidate Name Rob Portman</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00</p>	<p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00

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