

**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 1228 OF 1232 |
| | <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. Donna Y Stephenson | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address PO Box 43326 | | Amount of Each Disbursement this Period 2700.00 |
| City Atlanta | State GA | |
| Zip Code 30336-0326 | Purpose of Disbursement Refund of Excess Contrib | Transaction ID : B-E-78096 |
| Candidate Name | Category/Type 010 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Memo Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. James E Stephenson | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address PO Box 43326 | | Amount of Each Disbursement this Period 2700.00 |
| City Atlanta | State GA | |
| Zip Code 30336-0326 | Purpose of Disbursement Refund of Excess Contrib | Transaction ID : B-E-78095 |
| Candidate Name | Category/Type 010 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Memo Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. George H. Vincent | | Date of Disbursement MM / DD / YYYY 06 / 30 / 2016 |
| Mailing Address 8150 Varner Road | | Amount of Each Disbursement this Period 2700.00 |
| City Cincinnati | State OH | |
| Zip Code 45243-4130 | Purpose of Disbursement Refund of Excess Contribution | Transaction ID : B-E-83258 |
| Candidate Name | Category/Type 010 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Memo Item |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8100.00 |
| TOTAL This Period (last page this line number only)..... | |

201610210200517790