

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

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

FOR LINE NUMBER: PAGE 121 / 362  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Portman For Senate Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Lawrence Higdon Mailing Address 6911 Lynnfield Court City State Zip Code Cincinnati OH 45243-1703 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Consultant Election Cycle-to-Date ▼ Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2009 Transaction ID: A-C226 Amount of Each Receipt this Period 500.00 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Jennifer N. Higgins Mailing Address 305 S Payne Street Apt. 306 City State Zip Code Alexandria VA 22314-5927 FEC ID number of contributing federal political committee. C Name of Employer Capitol Health Group Occupation Principal Election Cycle-to-Date ▼ Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ 2400.00	Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2009 Transaction ID: A-C1368 Amount of Each Receipt this Period 2400.00 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Francie Hiltz Mailing Address 6650 Miralake Lane City State Zip Code Cincinnati OH 45243-2722 FEC ID number of contributing federal political committee. C Name of Employer Homemaker Occupation Homemaker Election Cycle-to-Date ▼ Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ 4800.00	Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2009 Transaction ID: A-C1502 Amount of Each Receipt this Period 2400.00 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....	5300.00
TOTAL This Period (last page this line number only) .....	

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