

**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 checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <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)

Huntington BancShares Inc. Political Action Committee (HBI-PAC)

Full Name (Last, First, Middle Initial)

A. Upper Hand Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Upper Hand Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : 34541D11EC0410BA0DD

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
2016 Primary

011

Candidate Name

Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: OR District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : 574E6CDC955938B6253

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

4500.00

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

24000.00