

**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. Consumer Bankers Association Political Action Committee, the

Mailing Address 1225 Eye Street, NW, Suite 550

City Washington State DC Zip Code 20005

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Consumer Bankers Association Political Action Committee, the

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	5

Transaction ID : 2B74CDC7B574774C0FC

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Promoting Our Republican Team PAC

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244-2768

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Promoting Our Republican Team PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	5

Transaction ID : ECDAE8404182F14B429

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

6	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

6	0	0	0	0	0	0	0	0	0
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