

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

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

FOR LINE NUMBER: PAGE 24 OF 409

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Benham, Barbara, , ,

Mailing Address 41 South High Street

City
ColumbusState
OHZip Code
43287FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Huntington National BankOccupation (for Individual)
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2019

Transaction ID : DC65DF620EBA4E5E9E0E

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Benham, Barbara, , ,

Mailing Address 41 South High Street

City
ColumbusState
OHZip Code
43287FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Huntington National BankOccupation (for Individual)
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : 51EC08476E354029A257

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bertoia, Michele, , ,

Mailing Address 41 South High Street

City
ColumbusState
OHZip Code
43287FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Huntington National BankOccupation (for Individual)
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2019

Transaction ID : BE87D8BB734548E2853F

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

105.00

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