| West Virginia Ethics Commission Lobbyist Activity Report Form | | | | | West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 | | | |
|--|---------------------------|------------|-----------------------------------|--|---|----------------|----------------|----------------|
| 2023-03 | | | | 304-558-0664 No faxed copies | | | | |
| Late reporting fine - \$10 per business day past the due date (\$250 maxin | | | | RECEIVED Numi By WV Ethics Commission at 9:40 am, Jan 16, 2024 | | | | |
| 1. Name and contact information | | | | | | | | |
| _{Name} Jason Whalen | | | | | Phone 614-480-5567 | | | |
| Address 41 S. High St. | | | Email jason.whalen@huntington.com | | | | | |
| HC0330 | | | | | | | | |
| | | | | | | | | |
| City, State Zip_Columbus, OH, 43215 | | | | | | | | |
| | | | | | | | | |
| 2. Reporting period for which this activity report is being filed | | | | | | | | |
| Check | • | Due Date | - | | | | | |
| X | 2023-3 9/1/23-12/31/23 | 3 1/15/24 | - | | | | | |
| | | | - | | | | | |
| | | | | | | | | |
| 3. List all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary. | | | | | | | | |
| 1. Huntington Bancshares Inc. | | | | | | | | |
| 2 5 | | | | | | | | |
| | | | | | | | | |
| 3 6 | | | | | | | | |
| | | | | | | | | |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." | | | | | | | | |
| None | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 5. Expenditures | | | | | | | | |
| If no expenditures, including campaign contributions, mark here: | | | | | | | | |
| - | | - | | | diate family, list t | the amounts sp | ent in each of | the following |
| If you spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of the following categories per each employer you represent. Complete and attach Schedule A to this report. | | | | | | | | |
| Expen | diture Categories | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended |
| Α. | Meals and Beverages | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| В. | Lodging | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| С. | Advertising | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| D. | Travel | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| Ε. | Gifts | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| F. | Other Expenses | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| G. | Group Expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$0 |
| Н. | Campaign Contributions | | IT IN "TOTAL EX | | | | | \$0 |
| I. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | Ş | \$ 0 |
| If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and attach a Schedule B for each event. | | | | | | | | |

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