

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

Office Use Only
2012 OCT 16 AM 11:58

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5 FEC MAIL CENTER

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC
TERESA M. CIAMBOTTI

ADDRESS (number and street)

P.O. BOX 400

Check if different than previously reported. (ACC)

INDIANA PA 45701-

FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00348185

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

State

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

State

5. Covering Period

07 / 01 / 2012 through 09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer TERESA M. CIAMBOTTI

Signature of Treasurer *Teresa Ciambotti*

Date 10 / 11 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Report Covering the Period: From:

To:

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="3,529.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13,213.30"/>
(c) Total Receipts (from Line 19).....	<input type="text" value="11,580.62"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="15,109.74"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10,600.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4,509.74"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

12030912126

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Report Covering the Period: From: 07 / 01 / 2012 To: 09 / 30 / 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

12030912127

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	657.92	4,557.92
(ii) Unitemized.....	1,238.52	7,022.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1,896.44	11,580.62
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1,896.44	11,580.62
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1,896.44	11,580.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,896.44	11,580.62

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	000	0.00
(ii) Non-Federal Share.....	000	0.00
(b) Other Federal Operating Expenditures	000	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	000	0.00
22. Transfers to Affiliated/Other Party Committees.....	000	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	000	0.00
24. Independent Expenditures (use Schedule E).....	000	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	000	0.00
26. Loan Repayments Made.....	000	0.00
27. Loans Made.....	000	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	000	0.00
(b) Political Party Committees	000	0.00
(c) Other Political Committees (such as PACs).....	000	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	000	0.00
29. Other Disbursements	10,600.00	10,600.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	000	0.00
(ii) "Levin" Share.....	000	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	000	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	000	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10,600.00	10,600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10,600.00	10,600.00

12030912128

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	1,896.44	1,158.062
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,896.44	1,158.062
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

1203091212

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 OF 6	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

12030912130

A. EMMERICH, I. ROBERT
 Full Name (Last, First, Middle Initial)
 Mailing Address
P.O. BOX 400
 City
INDIANA State **PA** Zip Code **15701**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **FCB** Occupation **CHIEF CREDIT OFFICER**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 Amount of Each Receipt this Period
0.00

B. COBAIN, STEPHEN
 Full Name (Last, First, Middle Initial)
 Mailing Address
P.O. BOX 400
 City
INDIANA State **PA** Zip Code **15701**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **FCB** Occupation **SR. VP. MIDDLE MARKET MGR.**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 Amount of Each Receipt this Period
0.00

C. MONTGOMERY, NORMAN J
 Full Name (Last, First, Middle Initial)
 Mailing Address
P.O. BOX 400
 City
INDIANA State **PA** Zip Code **15701**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **FCB** Occupation **BUSINESS INTEGRATION GROUP MGR.**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 Amount of Each Receipt this Period
0.00

SUBTOTAL of Receipts This Page (optional)..... **0.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 2 OF 6
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. FAIRMAN, BEVERLY

Mailing Address

P.O. BOX 400

City INDIANA

State PA

Zip Code 15701

FEC ID number of contributing federal political committee.

C

Name of Employer

FCB BOARD OF DIRECTORS

Occupation

BOARD MEMBER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

B. ZURO, MATTHEW T.

Mailing Address

P.O. BOX 400

City INDIANA

State PA

Zip Code 15701

FEC ID number of contributing federal political committee.

C

Name of Employer

FCB

Occupation

VP-RETAIL+SMALL BUSINESS BANKING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

C. DAHLMANN, DAVID S.

Mailing Address

P.O. BOX 400

City INDIANA

State PA

Zip Code 15701

FEC ID number of contributing federal political committee.

C

Name of Employer

FCB BOARD OF DIRECTORS

Occupation

BOARD MEMBER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

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

0.00

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

12030912131

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

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

FOR LINE NUMBER: **PAGE 3 OF 6**

(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. **BARONE, JIM**

Mailing Address
P.O. BOX 400

City **INDIANA** State **PA** Zip Code **15701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FCB BOARD OF DIRECTORS** Occupation **BOARD MEMBER**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period
0.00

Full Name (Last, First, Middle Initial)

B. **WAHE, MEGAN A.**

Mailing Address
P.O. BOX 400

City **INDIANA** State **PA** Zip Code **15701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FCB** Occupation **VP - REGIONAL MANAGER**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period
0.00

Full Name (Last, First, Middle Initial)

C. **CLAUS, GARY R.**

Mailing Address
P.O. BOX 400

City **INDIANA** State **PA** Zip Code **15701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FCB BOARD OF DIRECTORS** Occupation **BOARD MEMBER**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **300.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period
0.00

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

0.00

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

12030912132

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

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

FOR LINE NUMBER: PAGE 4 OF 6
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (in Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. ANSWINE, EMMANUEL J.

Mailing Address

P.O. BOX 400

City INDIANA

State PA Zip Code 15701

FEC ID number of contributing federal political committee.

C

Name of Employer

FCB

Occupation

SVP-OPERATIONS EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

B. CARON, JULIE

Mailing Address

P.O. BOX 400

City INDIANA

State PA Zip Code 15701

FEC ID number of contributing federal political committee.

C

Name of Employer

FCEP/FCB

Occupation

BOARD OF DIRECTORS - BOARD MEMBER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

C. TEFT, FORREST C.

Mailing Address

P.O. BOX 400

City INDIANA

State PA Zip Code 15701

FEC ID number of contributing federal political committee.

C

Name of Employer

FCB

Occupation

E.V.P.-HEAD OF CORP. BANKING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

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

0.00

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

0.00

12030912133

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

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

FOR LINE NUMBER: PAGE 5 OF 6
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
PRICE, MICHAEL T.

Mailing Address
P.O. Box 400

City INDIANA State PA Zip Code 15701

FEC ID number of contributing federal political committee. C

Name of Employer FCB Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

Amount of Each Receipt this Period 100.00

(7-1-12 to 7-30-12)
(\$50.00 SEMI-MONTHLY)

B. Full Name (Last, First, Middle Initial)
PARZYCH, CHERYL A.

Mailing Address
P.O. Box 400

City INDIANA State PA Zip Code 15701

FEC ID number of contributing federal political committee. C

Name of Employer FCB Occupation EMP. WEALTH SERVICES MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt

Amount of Each Receipt this Period 150.00

(7/1/12 - 9/30/12)
(\$25.00 SEMI-MONTHLY)

C. Full Name (Last, First, Middle Initial)
CHINI, MARLE

Mailing Address
P.O. Box 400

City INDIANA State PA Zip Code 15701

FEC ID number of contributing federal political committee. C

Name of Employer FCB Occupation V.P. REGIONAL MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt

Amount of Each Receipt this Period 100.00

(7/1/12 - 7/30/12)
(\$50.00 SEMI-MONTHLY)

SUBTOTAL of Receipts This Page (optional)..... 350.00

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

12030912134

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

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

FOR LINE NUMBER: PAGE 6 OF 6
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. **METZMAIER, LINDA D.**

Mailing Address

P.O. BOX 400

City
INDIANA

State Zip Code
PA 15701

FEC ID number of contributing federal political committee.

C

Name of Employer

FCB

Occupation

SVP. CHIEF COMPLIANCE OFFICER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MEM / DD / YYYY

Amount of Each Receipt this Period

150.00

**(7/1/12 - 9/30/12)
(\$25.00 Semi-Monthly)**

Full Name (Last, First, Middle Initial)

B. **ROUT, ROBERT E.**

Mailing Address

P.O. BOX 400

City
INDIANA

State Zip Code
PA 15701

FEC ID number of contributing federal political committee.

C

Name of Employer

FCB

Occupation

EVP/CD EVP/TREASURER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

342.16

Date of Receipt

MEM / DD / YYYY

Amount of Each Receipt this Period

157.92

**(7/1/12 - 9/30/12)
(\$26.32 Semi-Monthly)**

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MEM / DD / YYYY

Amount of Each Receipt this Period

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

307.92

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

657.92

12030912135

**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)

PAGE / OF /

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corporation PAC

Full Name (Last, First, Middle Initial)

A. *Friends of Dave Reed*

Mailing Address: *P.O. Box 1400*

City: *Indiana* State: *PA* Zip Code: *15701*

Purpose of Disbursement: *Contribution* Category/Type: *011*

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: *07 / 06 / 2012*

Amount of Each Disbursement this Period: *1,000.00*

B. *Friends of Don White*

Mailing Address: *P.O. Box 363*

City: *Indiana* State: *PA* Zip Code: *15701*

Purpose of Disbursement: *Contribution* Category/Type: *011*

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: *07 / 06 / 2012*

Amount of Each Disbursement this Period: *1,200.00*

C. *Friends of Chuck Anderson*

Mailing Address: *201 Maple Drive Maplewood Terrace*

City: *Greensburg* State: *PA* Zip Code: *15601*

Purpose of Disbursement: *Contribution* Category/Type: *011*

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: *07 / 17 / 2012*

Amount of Each Disbursement this Period: *200.00*

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

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

2,400.00

12030912136

**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)

PAGE 2 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corporation PAC

Full Name (Last, First, Middle Initial)

A. Friends of Bryan Kline

Mailing Address
1817 Broadstreet Extension

City Greensburg State PA Zip Code 15601

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

08 ' 20 ' 2012

Amount of Each Disbursement this Period

1,000.00

011
Category/
Type

B. Committee for Kopas

Mailing Address
2 North Main Street Ste 101

City Greensburg State PA Zip Code 15601

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

08 ' 24 ' 2012

Amount of Each Disbursement this Period

1,000.00

011
Category/
Type

C. PABPAC

Mailing Address
3897 North Front Street P.O. Box 152

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

08 ' 28 ' 2012

Amount of Each Disbursement this Period

8,000.00

011
Category/
Type

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

8,200.00

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

10,600.00

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Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

CFM
PREPARER

10/16/12
DATE PREPARED

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