REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 15 9 46 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
USBANCORP INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
MAIN & FRANKLIN STREETS

CITY, STATE and ZIP CODE
JOHNSTOWN PA 15907

2. FEC IDENTIFICATION NUMBER
C00032002

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
[X] October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-96 through 9-30-96		
6. (a) Cash on Hand January 1, 19		$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	$ 0.00	
(c) Total Receipts (from Line 19)	$ 10,438.92	$ 10,438.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 10,438.92	$ 10,438.92
7. Total Disbursements (from Line 30)	$ 5,115.00	$ 5,115.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 5,323.92	$ 5,323.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Signature of Treasurer

Date 10/10/96

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE: USBANCORP INC POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 7-1-96 TO: 9-30-96

I. Receipts	COLUMN A - Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	8,915.00	8,915.00	11(a)
ii. Unitemized	1,521.52	1,521.52	11(a)
iii. Total (add i and ii) ➤	10,436.52	10,436.52	11(a)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	10,436.52	10,436.52	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	2.40	2.40	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	10,438.92	10,438.92	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤			20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)
ii. Non-Federal Share	0.00	0.00	21(a)
b. Other Federal Operating Expenditures	15.00	15.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	15.00	15.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	750.00	750.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	250.00	250.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	250.00	250.00	28(d)
29. Other Disbursements	4,100.00	4,100.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,115.00	5,115.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,115.00	5,115.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10,436.52	10,436.52	32
33. Total Contribution Refunds (from line 28d)	250.00	250.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,186.52	10,186.52	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	15.00	15.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	15.00	15.00	37

FC6A/NC6B

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 16

FOR LINE NUMBER 11Ai

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)

USBANCORP INC POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JEROME ADAMS 502 5TH AVE MCKEESPORT PA 15132 Receipt For: [ ] Primary [ ] General [XX] Other (specify): GENERAL PURPOSES	Name of Employer: ADAMS, MYERS & BACZKOWSKI Occupation: ATTORNEY AT LAW Aggregate Year-to-Date > $ 350.00	7-17-96	$350.00
B. CLIFFORD BARTON 330 OLD CLAIRTON PITTSBURGH PA 15236-4335 Receipt For: [ ] Primary [ ] General [XX] Other (specify): GENERAL PURPOSES	Name of Employer: RETIRED Occupation: RETIRED Aggregate Year-to-Date > $ 1,200.00	7-17-96	$1,200.00
C. JANEY BARTON 330 OLD CLAIRTON PITTSBURGH PA 15236-4335 Receipt For: [ ] Primary [ ] General [XX] Other (specify): GENERAL PURPOSES	Name of Employer: RETIRED Occupation: RETIRED Aggregate Year-to-Date > $ 350.00	7-17-96	$350.00
D. RICHARD KAPPEL 104 SPRING FOREST PITTSBURGH PA 15238-1718 Receipt For: [ ] Primary [ ] General [XX] Other (specify): GENERAL PURPOSES	Name of Employer: WILLIAM M J KAPPEL WHOLESALE Occupation: PRESIDENT & CEO Aggregate Year-to-Date > $ 1,000.00	7-17-96	$1,000.00
E. JOHN CRICHTON 786 VIEWMONT JOHNSTOWN PA 15905 Receipt For: [ ] Primary [ ] General [XX] Other (specify): GENERAL PURPOSES	Name of Employer: RETIRED Occupation: RETIRED Aggregate Year-to-Date > $ 300.00	7-17-96	$300.00
F. JAMES DEWAR 921 SUNNEHANNA DR JOHNSTOWN PA 15905 Receipt For: [ ] Primary [ ] General [XX] Other (specify): GENERAL PURPOSES	Name of Employer: JAMES DEWAR OLDSMOBILE Occupation: OWNER Aggregate Year-to-Date > $ 1,000.00	7-17-96	$1,000.00
G. J TERRANCE FARREL 1042 SUMMITT MCKEESPORT PA 15132 Receipt For: [ ] Primary [ ] General [X] Other (specify): GENERAL PURPOSES	Name of Employer: J TERRANCE FARREL Occupation: ATTORNEY AT LAW Aggregate Year-to-Date > $ 350.00	7-26-96	$350.00

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
USBANCORP INC POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
RAY M FISHER 1603 5TH AVE BELLEFONTE PA 16823 Receipt For: [ ] Primary [ ] General [XX] Other (specify): GENERAL PURPOSES	Name of Employer: USBANCORP Occupation: INVESTMENTS Aggregate Year-to-Date > $ 200.00	7-17-96	$200.00
B. Full Name, Mailing Address and ZIP Code KIM KUNKLE 111 ROOSEVELT BLVD PO BOX 1287 JOHNSTOWN PA 15907 Receipt For: [ ] Primary [ ] General [XX] Other (specify): GENERAL PURPOSES	Name of Employer: LAUREL HOLDINGS Occupation: PRESIDENT & CEO Aggregate Year-to-Date > $ 200.00	7-17-96	$200.00
C. Full Name, Mailing Address and ZIP Code KEVIN O'NEIL 9305 SAINT GEORGEN COMMON DELUTH GA 30155-2498 Receipt For: [ ] Primary [ ] General [XX] Other (specify): GENERAL PURPOSES	Name of Employer: STANDARD MORTGAGE CORP Occupation: Aggregate Year-to-Date > $ 250.00	7-17-96	$250.00
D. Full Name, Mailing Address and ZIP Code ED SEIFERT 435 6TH AVE PITTSBURGH PA 15219 Receipt For: [ ] Primary [ ] General [XX] Other (specify): GENERAL PURPOSES	Name of Employer: REED, SMITH, SWAW & MCCLAY Occupation: ATTORNEY AT LAW Aggregate Year-to-Date > $200.00	7-17-96	$200.00
E. Full Name, Mailing Address and ZIP Code JACK SEVY 6928 BONNIE BRAE LANE COLUMBUS OH 43235-2172 Receipt For: [ ] Primary [ ] General [XX] Other (specify): GENERAL PURPOSES	Name of Employer: RETIRED Occupation: RETIRED Aggregate Year-to-Date > $ 200.00	9-06-96	$200.00
F. Full Name, Mailing Address and ZIP Code FRED SHAFFER 723 WALNUT STREET SOMERSET PA 15501 Receipt For: [ ] Primary [ ] General [XX] Other (specify): GENERAL PURPOSES	Name of Employer: FINDLEYS PHARMACY INC Occupation: OWNER Aggregate Year-to-Date > $ 250.00	7-17-96	$250.00
G. Full Name, Mailing Address and ZIP Code RONALD W. VIRAG 104 OAKVIEW DR LIGONIER PA 15658-8738 Receipt For: [ ] Primary [ ] General [XX] Other (specify): GENERAL PURPOSES	Name of Employer: USBANCORP TRUST COMPANY Occupation: PRESIDENT & CEO Aggregate Year-to-Date > $ 200.00	7-17-96	$200.00

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

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

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
USBANCORP INC POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MARY LOUISE FENNELL 654 OVERHILL N. VERSAILLES PA 15137 Receipt For: [ ] Primary [ ] General [X] Other (specify): GENERAL PURPOSES	COUNSEL OF INDEPENDENT COLLEGES Occupation: SR CONSULTANT Aggregate Year-to-Date > $600.00	7-17-96	$600.00
B. JOHN KUNKLE 2333 ENGLEWOOD PITTSBURGH PA 15241 Receipt For: [ ] Primary [ ] General [X] Other (specify): GENERAL PURPOSES	RETIRED Occupation: RETIRED Aggregate Year-to-Date > $500.00	717-96	$500.00
C. WILLIAM MCNARY 1585 PINEVIEW PITTSBURGH PA 15241 Receipt For: [ ] Primary [ ] General [X] Other (specify): GENERAL PURPOSES	RETIRED Occupation: RETIRED Aggregate Year-to-Date > $ 300.00	7-17-96	$300.00
D. MARGARET O'MALLEY 412 WAYNE JOHNSTOWN PA 15905 Receipt For: [ ] Primary [ ] General [X] Other (specify): GENERAL PURPOSES	YOST & O'MALLEY Occupation: ATTORNEY AT LAW Aggregate Year-to-Date > $ 300.00	7-17-96	$300.00
E. HOWARD PICKING 100 LONGVIEW JOHNSTOWN PA 15905 Receipt For: [ ] Primary [ ] General [X] Other (specify): GENERAL PURPOSES	RETIRED Occupation: RETIRED Aggregate Year-to-Date > $ 350.00	7-17-96	$350.00
F. SARA ANN SARGENT 315 GRAYSTONE JOHNSTOWN PA 15905 Receipt For: [ ] Primary [ ] General [X] Other (specify): GENERAL PURPOSES	THE SARGENTS GROUP Occupation: OWNER Aggregate Year-to-Date > $315.00	7-17-96	$315.00
G. JAMES FERRY 250 CURRY HOLLOW RD PITTSBURGH PA 15236 Receipt For: [ ] Primary [ ] General [X] Other (specify): GENERAL PURPOSES	FERRY ELECTRIC CO Occupation: PRESIDENT Aggregate Year-to-Date > $ 500.00	9-20	$500.00

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

TOTAL This Period (last page this line number only) $8,915.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 16
	FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)
USBANCORP INC POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code USBANCORP TRUST CO PO BOX 520 JOHNSTOWN PA 15907-0520	Purpose of Disbursement FEE Disbursement for: [ ] Primary [ ] General [X] Other (specify) FEE	Date (month, day, year) 9-30-96	Amount of Each Disbursement This Period 15.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$15.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
USBANCORP INC POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
PENNSYLVANIA VICTORY 96 112 STATE ST HARRISBURG PA 17101-1040	1996 CONTRIBUTION Disbursement for: Primary General X Other (specify) GENERAL PUR	9-4-96	$500.00
REPUBLICAN CONGRESSIONAL COMMITTEE PO BOX 90488 WASHINGTON DC 20090-0418	1996 CONTRIBUTION Disbursement for: Primary General X Other (specify) GENERAL PUR	9-25-96	$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) $750.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 28B

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NAME OF COMMITTEE (In Full)

USBANCORP INC POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KEVIN O'NEIL 9305 ST GEORGEN COMMON DELUTH GA 30155	CONTRIBUTION REFUND Disbursement for: [ ] Primary [ ] General [X] Other (specify) REFUND	7-25-96	$250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$250.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
USBANCORP INC POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
PABPAC PO BOX 345 HARRISBURG PA 17108-0345	1996 CONTRIBUTION X Other (specify) GENERAL PUR	7-26-96	$3,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
TED BARANIK CAMBRIA COUNTY COURTHOUSE EBENSBURG PA 15931	1996 CONTRIBUTION CAMBRIA CTY COMMISSIONER XX Other (specify) GENERAL PUR	8-12-96	$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUSAN EVANS CAMBRIA COUNTY COURTHOUSE EBENSBURG PA 15931	1996 CONTRIBUTION CAMBRIA CTY COMMISSIONER XX Other (specify) GENERAL PUR	8-12-96	$250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
DR FRED SOISSON CAMBRIA COUNTY COURTHOUSE EBENSBURG PA 15931	1996 CONTRIBUTION CAMBRIA CTY COMMISSIONER XX Other (specify) GENERAL PUR	8-26-96	$250.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
JAMES SADOWSKI 537 FIELDCREST DR PITTSBURGH PA 15209	DINNER EXPENSE (COMMITTEE TO ELECT BODAK PA SEN XX Other (specify) GENERAL PUR	9-25-96	$100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF BARBARA HAFER PO BOX 377 NEW ALEXANDRIA PA 15670-0377	1996 CONTRIBUTION PA STATE TREASURER XX Other (specify) GENERAL PUR	9-25-96	$250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) $4,100.00

FE6AN069

SCHEDULE C
(Revised 3/80)

LOANS

Name of Committee (in Full)
USBANCORP INC POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
NONE Election: ☐ Primary ☐ General ☐ Other (specify):			

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	NONE

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC-6060

SCHEDULE C-1
Federal Election Commission
Washington, D.C. 20463

Supplementary for Information found on Page ___ of Schedule C

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL)	FEC IDENTIFICATION NUMBER	
USBANCORP INC POLITICAL ACTION COMMITTEE	C0032002	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)	AMOUNT OF LOAN	INTEREST RATE (APR)
NONE		
	DATE INCURRED OR ESTABLISHED	DATE DUE

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?

☐ No ☐ Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER		DATE
TYPED NAME	SIGNATURE	

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE	TITLE	DATE
TYPED NAME SIGNATURE		10/10/96

FEC-ANDCP 12/91

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full) USBANCORP INC POLITICAL ACTION COMMITTEE	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor NONE				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				NONE
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				NONE
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				NONE

FEC-A1040

SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full)
USBANCORP INC POLITICAL ACTION COMMITTEE

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
NONE				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ..... $

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $

(c) TOTAL Independent Expenditures ..... $ NONE

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee or their agent.

Signature

Date 10/10/96

Subscribed and sworn to before me this 10th day of October 19 96

My Commission expires:

NOTARY PUBLIC

NOTARIAL SEAL
DEBRA L. PUDLINER, Notary Public
Johnstown, Cambria County, PA
My Commission Expires July 28, 1997

FEBAND69

SCHEDULE F

ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full)

USBANCORP INC POLITICAL ACTION COMMITTEE

Has your Committee been designated to make coordinated expenditures by a political party committee? ☐ YES ☐ NO
If YES, name the designating committee:

Full Name, Mailing Address and ZIP Code of Subordinate Committee

NONE

Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (last page this line number only)				NONE

SCHEDULE H1
(revised 5/93)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE
USBANCORP INC POLITICAL ACTION COMMITTEE

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... 0 %
☐ PRESIDENTIAL YEAR (65%)
☐ ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ **MINIMUM FEDERAL PERCENTAGE** (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) ..... 0 %
OR
☐ **FUNDS EXPENDED:**
- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... 0 %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:
ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... 0 %
ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... 0 %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:
ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... 0 %
ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION
CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	☐ (1 POINT)	
2. U.S. SENATE	☐ (1 POINT)	
3. U.S. CONGRESS	☐ (1 POINT)	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)		
5. GOVERNOR	☐ (1 POINT)	
6. OTHER STATEWIDE OFFICE(S)	☐ (1 OR 2 POINTS)	
7. STATE SENATE	☐ (1 POINT)	
8. STATE REPRESENTATIVE	☐ (1 POINT)	
9. LOCAL CANDIDATES	☐ (1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT	☐ (1 POINT)	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)		
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 ..... 0 %

SCHEDULE H2
(effective 1/1/91)

ALLOCATION RATIOS

NAME OF COMMITTEE

USBANCORP INC POLITICAL ACTION COMMITTEE

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	NONE	NONE
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	NONE	NONE
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	NONE	NONE
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	NONE	NONE
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	NONE	NONE
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	NONE	NONE

RECEIPT SCHEDULE H3
(effective 1/1/91)

TRANSFERS FROM NON-FEDERAL ACCOUNTS

FOR LINE 18

NAME OF COMMITTEE	TOTAL AMOUNT TRANSFERRED
USBANCORP INC POLITICAL ACTION COMMITTEE	

NAME OF ACCOUNT	DATE OF RECEIPT	
NONE		$ NONE

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT	DATE OF RECEIPT	
		$

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE				
TOTAL THIS PERIOD				NONE

FEHA/VOTR

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

FOR LINE 21a

NAME OF COMMITTEE

USBANCORP INC POLITICAL ACTION COMMITTEE

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
NONE			NONE		
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					NONE

FEBAN060

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 10-15-96
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

MM
PREPARER

10-15-96
DATE PREPARED

FEC FORM 76-2 (12/92)