

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

First Commonwealth Financial Corp PAC

Report Covering the Period: From:

MM / DD / YYYY
1 1 / 2 7 / 2 0 1 2

To:

MM / DD / YYYY
1 2 / 3 1 / 2 0 1 2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2 0 1 2"/>		3,529.12
(b) Cash on Hand at Beginning of Reporting Period.....	5,342.96	
(c) Total Receipts (from Line 19)	833.14	13,246.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6,176.10	16,776.10
7. Total Disbursements (from Line 31)	0.00	10,600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6,176.10	6,176.10
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	



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

13031032164

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

First Commonwealth Financial Corp PAC

Report Covering the Period: From:

MM / DD / YYYY
1 1 / 2 7 / 2 0 1 2

To:

MM / DD / YYYY
1 2 / 3 1 / 2 0 1 2

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

Than Political Committees

(i) Itemized (use Schedule A).....

573.64

5,556.78

(ii) Unitemized.....

259.50

7,690.20

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

833.14

13,246.98

(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).....▶

833.14

13,246.98

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)).....▶

833.14

13,246.98

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

833.14

13,246.98

13031032165

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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

13031032166

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)	833.14	13,246.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	833.14	13,246.98
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

13031032167

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

A. Full Name (Last, First, Middle Initial) **Emmerich, I. Robert**

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation
FCB Chief Credit Officer

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

B. Full Name (Last, First, Middle Initial) **Cobain, Stephen**

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation
FCB SR. VP. Middle Market Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
00.00

C. Full Name (Last, First, Middle Initial) **Montgomery, Norman J.**

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation
FCB Business Integration Group Manager

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

SUBTOTAL of Receipts This Page (optional).....▶ **0.00**

TOTAL This Period (last page this line number only).....▶ **0.00**

13031032168

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

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

FOR LINE NUMBER: PAGE **7** OF **14**

(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

A. Full Name (Last, First, Middle Initial) **Fairman, Beverly**

Mailing Address
PO 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

Amount of Each Receipt this Period **0.00**

B. Full Name (Last, First, Middle Initial) **Zuro, Matthew T.**

Mailing Address
PO 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

Amount of Each Receipt this Period **0.00**

C. Full Name (Last, First, Middle Initial) **Dahlmann, David S.**

Mailing Address
PO 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

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).....

13031032169

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 **14**

(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

A. Full Name (Last, First, Middle Initial) **Barone, Jim**

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation
FCB Board of Directors 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
 [] [] / [] [] / [] [] [] []

Amount of Each Receipt this Period
0.00

B. Full Name (Last, First, Middle Initial) **White, Megan A.**

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation
FCB 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
 [] [] / [] [] / [] [] [] []

Amount of Each Receipt this Period
0.00

C. Full Name (Last, First, Middle Initial) **Claus, Gary R.**

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation
FCB Board of Directors 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
 [] [] / [] [] / [] [] [] []

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)..... ▶

13031032170

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

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

FOR LINE NUMBER: PAGE 9 OF 14
(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

A. Full Name (Last, First, Middle Initial) **Answine, Emmanuel J.**

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation
FCB 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

B. Full Name (Last, First, Middle Initial) **Caponi, Julie**

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation
FCFC/FCB 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

C. Full Name (Last, First, Middle Initial) **Teft, Forrest C.**

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation
FCB EVP-Head of Corporate 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).....

13031032171

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 14

(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

A. Full Name (Last, First, Middle Initial) **T. Michael Price**

Mailing Address
PO Box 400

City Indiana State PA Zip Code 15701

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

Name of Employer **FCB** Occupation **President / CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

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

Amount of Each Receipt this Period
0.00

B. Full Name (Last, First, Middle Initial) **Parzych, Cheryl A.**

Mailing Address
PO Box 400

City Indiana State PA Zip Code 15701

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

Name of Employer **FCB** Occupation **EVP - Wealth Sales Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

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

Amount of Each Receipt this Period
75.00
 (11/30/12 - 12/28/12)
 (\$25.00 semi-monthly)

C. Full Name (Last, First, Middle Initial) **Chini, Mark E.**

Mailing Address
PO 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 ▼ **210.00**

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)..... **75.00**

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

13031032172

**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 14	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14

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

A. Full Name (Last, First, Middle Initial) **Bonner, William J.**

Mailing Address
PO Box 400

City Indiana State PA Zip Code 15701

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

Name of Employer **FCB** Occupation **SVP - SR Comm. Real Estate Lender**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.50**

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
37.50
(11/30/12 - 12/28/12)
(\$12.50 semi-monthly)

B. Full Name (Last, First, Middle Initial) **McKee, William R.**

Mailing Address
PO Box 400

City Indiana State PA Zip Code 15701

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

Name of Employer **FCB** Occupation **SVP - DR Middle Market Banker**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
37.50
(11/30/12 - 12/28/12)
(\$12.50 semi-monthly)

C. Full Name (Last, First, Middle Initial) **Renner, Eric J.**

Mailing Address
PO Box 400

City Indiana State PA Zip Code 15701

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

Name of Employer **FCB** Occupation **EVP - Consumer & Small Business Svcs**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
30.00
(11/30/12 - 12/28/12)
(\$10.00 semi-monthly)

SUBTOTAL of Receipts This Page (optional)..... **105.00**

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

13031032173

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 14	
	(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"/> 12	<input type="checkbox"/> 16	<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) Metzmaier, Linda		Date of Receipt
Mailing Address PO Box 400		<input type="text"/>
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer FCB	Occupation SVP - Chief Compliance Officer	(11/30/12 - 12/28/12) (\$25.00 semi-monthly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Rout, Robert E.		Date of Receipt
Mailing Address PO Box 400		<input type="text"/>
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.88
Name of Employer FCB	Occupation EVP/CFO & Treasurer	(11/30/12 - \$26.32)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	(12/15/12 - 12/28/12) (\$26.28 semi-monthly)

C. Full Name (Last, First, Middle Initial) Yanief, Peter		Date of Receipt
Mailing Address PO Box 400		<input type="text"/>
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer FCB	Occupation VP - Credit Department Manager	(11/30/12 - 12/28/12) (\$20.00 semi-monthly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional).....▶	213.88
TOTAL This Period (last page this line number only).....▶	

13031032174

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

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

FOR LINE NUMBER: PAGE **13** OF **14**

(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

A. Full Name (Last, First, Middle Initial) **Lombardi, Leonard V.**

Date of Receipt
 / /

Mailing Address
PO Box 400

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

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

Amount of Each Receipt this Period
 31.26
 (11/30/12 - 12/28/12)
 (\$10.42 semi-monthly)

Name of Employer **FCB** Occupation **EVP - Chief Audit Executive**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 247.98

B. Full Name (Last, First, Middle Initial) **Riggle, Carrie L.**

Date of Receipt
 / /

Mailing Address
PO Box 400

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

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

Amount of Each Receipt this Period
 37.50
 (11/30/12 - 12/28/12)
 (\$12.50 semi-monthly)

Name of Employer **FCB** Occupation **SVP - Human Resource Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial) **Smith, Steven M.**

Date of Receipt
 / /

Mailing Address
PO Box 400

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

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

Amount of Each Receipt this Period
 30.00
 (11/30/12 - 12/28/12)
 (\$10.00 semi-monthly)

Name of Employer **FCB** Occupation **SVP - Facilities Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

SUBTOTAL of Receipts This Page (optional)..... **98.76**

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

13031032175

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 14	
	(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"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (to Full)
First Commonwealth Financial Corporation PAC

A. Full Name (Last, First, Middle Initial) **Corry-Roberts, Neil**

Mailing Address
PO Box 400

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

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

Name of Employer **FCB** Occupation **SVP - SR Middle Market Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
36.00
(11/30/12 - 12/28/12)
(\$12.00 semi-monthly)

B. Full Name (Last, First, Middle Initial) **Yuhas, Jason**

Mailing Address
PO Box 400

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

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

Name of Employer **FCB** Occupation **VP - Wealth Market Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
45.00
(11/30/12 - 12/28/12)
(\$15.00 semi-monthly)

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

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