

**FEC  
FORM 3X**

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

RECEIVED  
2012 DEC 13 AM 11:18

Office Use Only  
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

F I R S T C O M M O N W E A L T H F I N A N C I A L C O R P O R A T I O N P A C  
T e r e s a M C i a m b o t t i

ADDRESS (number and street) P O B o x 4 0 0  
I n d i a n a P A 1 5 7 0 1

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 0 0 3 4 8 1 8 5

3. IS THIS REPORT NEW OR AMENDED (N) (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 M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
 Election on 1 1 / 0 6 / 2 0 1 2 in the State of P A

5. Covering Period 1 0 / 0 1 / 2 0 1 2 through 1 1 / 2 6 / 2 0 1 2

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 M Ciambotti* Date 1 2 / 0 6 / 2 0 1 2

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

**FEC FORM 3X**  
Rev. 12/2004

12030981176

**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: 

M	M	M
1	0	

 / 

D	D	D
0	1	

 / 

Y	Y	Y	Y	Y	Y
2	0	1	2		

 To: 

M	M	M
1	1	

 / 

D	D	D
2	6	

 / 

Y	Y	Y	Y	Y	Y
2	0	1	2		

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>2</td><td></td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	2	0	1	2			<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												
Y	Y	Y	Y	Y	Y																																	
2	0	1	2																																			
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								
(c) Total Receipts (from Line 19).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								
7. Total Disbursements (from Line 31).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								

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

12030981177

**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:

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

To:

MM / DD / YYYY  
1 1 / 2 6 / 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

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

425.22

4,983.14

(ii) Unitemized.....

408.00

7,430.70

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

833.22

12,413.84

(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), add (c)) (Carry Totals to Line 33, page 5).....▶

833.22

12,413.84

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)).....▶

833.22

12,413.84

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

833.22

12,413.84

12030981178

**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 .....	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

12030981179

**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) .....	833.22	12,413.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	833.22	12,413.84
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

12030981180

**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 8  
(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  
 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) **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 SRVP Middle Market 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**

**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 Mgr.

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**

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

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

12030981181

**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 8

(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) **Barone, Jim**

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 ▼ **250.00**

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

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

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

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

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

0.00

12030981182

**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 8  
(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**

12030981183

**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)..... ▶

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

**0.00**

**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 8

(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) <b>McKee, William R.</b>		Date of Receipt
Mailing Address <b>PO Box 400</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>Indiana</b>	State <b>PA</b>	Zip Code <b>15701</b>
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period <b>37.50</b>
Name of Employer <b>FCB</b>	Occupation <b>SR Middle Market Banker</b>	(10/01/12-11/26/12) ( <b>\$12.50 Semi-Monthly</b> )
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>212.50</b>	

B. Full Name (Last, First, Middle Initial) <b>Riggle, Carrie L.</b>		Date of Receipt
Mailing Address <b>PO Box 400</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>Indiana</b>	State <b>PA</b>	Zip Code <b>15701</b>
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period <b>37.50</b>
Name of Employer <b>FCB</b>	Occupation <b>Human Resources Manager</b>	(10/01/12-11/26/12) ( <b>\$12.50 Semi-Monthly</b> )
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>212.50</b>	

C. Full Name (Last, First, Middle Initial) <b>Parzych, Cheryl A.</b>		Date of Receipt
Mailing Address <b>PO Box 400</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>Indiana</b>	State <b>PA</b>	Zip Code <b>15701</b>
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period <b>75.00</b>
Name of Employer <b>FCB</b>	Occupation <b>EVP Wealth Services Manager</b>	(10/01/12-11/26/12) ( <b>\$25.00 Semi-Monthly</b> )
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>425.00</b>	

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

**150.00**

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

**150.00**

12030981184

**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 8

(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) **Price, Michael 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 **President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

Amount of Each Receipt this Period **0.00**

**B.** 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

Amount of Each Receipt this Period **0.00**

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

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 Chief Audit Executive**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.72**

Date of Receipt

Amount of Each Receipt this Period **31.26**  
(10/01/12-11/26/12)  
(\$10.42 Semi-Monthly)

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

**31.26**

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

12030981185

**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 8  
(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**

12030981185

**A.** Full Name (Last, First, Middle Initial) **Metzmaier, Linda D.**

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 Chief Compliance Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  /  /

Amount of Each Receipt this Period  
**75.00**  
(10/01/12-11/26/12)  
(\$25.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial) **Rout, Robert E.**

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/CFO EVP/Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **421.12**

Date of Receipt  /  /

Amount of Each Receipt this Period  
**78.96**  
(10/01/12-11/26/12)  
(\$26.32 Semi-Monthly)

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

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 Facilities Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  /  /

Amount of Each Receipt this Period  
**30.00**  
(10/01/12-11/26/12)  
(\$10.00 Semi-Monthly)

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

**183.96**

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

**183.96**

**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 8  
(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)

**Fairman, Beverly**

**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 Board of Directors 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)

**Zuro, Matthew T.**

**B.**

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 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)

**Dahlmann, David S.**

**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 Board of Directors 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)..... ▶

12030981187

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

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

FOR LINE NUMBER: PAGE **8** OF 8  
(check only one)

<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) <b>Yanief, Peter A.</b>		Date of Receipt MM / DD / YYYY
Mailing Address PO Box 400		Amount of Each Receipt this Period <b>60.00</b> (10/01/12-11/26/12) (\$20.00 Semi-Monthly)
City Indiana	State PA	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>260.00</b>
Name of Employer FCB	Occupation VP Credit Department Manager	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial)		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial)		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<b>60.00</b>
TOTAL This Period (last page this line number only).....▶	<b>425.22</b>

12030981188

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)  
12/6/12

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 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



PREPARER

12/13/12

DATE PREPARED

12030981189