

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) ONE F.N.B. BLVD. Check if different than previously reported. (ACC) HERMITAGE PA 16148

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00514026 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 / 01 / 2015 through 05 / 31 / 2015

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 MARK D SULLIVAN

Signature of Treasurer MARK D SULLIVAN [Electronically Filed] Date 06 / 03 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**F.N.B. 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="2015"/>		109704.98
(b) Cash on Hand at Beginning of Reporting Period.....	110261.98	
(c) Total Receipts (from Line 19) .....	5244.00	20226.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	115505.98	129930.98
7. Total Disbursements (from Line 31).....	3900.00	18325.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	111605.98	111605.98
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

F.N.B. CORPORATION PAC

Report Covering the Period: From: 05 / 01 / 2015 To: 05 / 31 / 2015

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).....	189.00	189.00
(ii) Unitemized .....	5055.00	20037.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5244.00	20226.00
(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) .....	5244.00	20226.00
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))..... ▶	5244.00	20226.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5244.00	20226.00

**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	7700.00
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 .....	3900.00	10625.00
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)) ..	3900.00	18325.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3900.00	18325.00

**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) .....	5244.00	20226.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5244.00	20226.00
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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
<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

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)  
**F.N.B. CORPORATION PAC**

**A. VINCE CALABRESE**  
Full Name (Last, First, Middle Initial)

Mailing Address 9003 PEREGRINE DRIVE

City GIBSONIA	State PA	Zip Code 15044
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FEC ID number of contributing federal political committee. **C**

Name of Employer F.N.B. CORPORATION	Occupation CFO FNB CORP
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : B000153S000037L11A1**

Amount of Each Receipt this Period  

23.00
-------

**PAYROLL DEDUCTION**

**B. VINCE CALABRESE**  
Full Name (Last, First, Middle Initial)

Mailing Address 9003 PEREGRINE DRIVE

City GIBSONIA	State PA	Zip Code 15044
------------------	-------------	-------------------

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

Name of Employer F.N.B. CORPORATION	Occupation CFO FNB CORP
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : B000154S000040L11A1**

Amount of Each Receipt this Period  

23.00
-------

**PAYROLL DEDUCTION**

**C. GARY GUERRIERI**  
Full Name (Last, First, Middle Initial)

Mailing Address 163 DODD DRIVE

City WASHINGTON	State PA	Zip Code 15301
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FEC ID number of contributing federal political committee. **C**

Name of Employer F.N.B. CORPORATION	Occupation CHIEF CRD OFF & LENDING SUPP
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : B000153S000122L11A1**

Amount of Each Receipt this Period  

23.00
-------

**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	69.00
<b>TOTAL</b> 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 7 OF 11
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**F.N.B. CORPORATION PAC**

**A. GARY GUERRIERI**  
Full Name (Last, First, Middle Initial)

Mailing Address 163 DODD DRIVE

City WASHINGTON State PA Zip Code 15301

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

Name of Employer F.N.B. CORPORATION Occupation CHIEF CRD OFF & LENDING SUPP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : B000154S000131L11A1**

Amount of Each Receipt this Period  
 230.00

PAYROLL DEDUCTION

**B. ROBERT MOOREHEAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3323 SCATHELOCKE ROAD

City PITTSBURGH State PA Zip Code 15235

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

Name of Employer F.N.B. CORPORATION Occupation PITTSBURGH MKT EXEC&PRES-PGH REG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2015  
**Transaction ID : B000153S000230L11A1**

Amount of Each Receipt this Period  
 230.00

PAYROLL DEDUCTION

**C. ROBERT MOOREHEAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3323 SCATHELOCKE ROAD

City PITTSBURGH State PA Zip Code 15235

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

Name of Employer F.N.B. CORPORATION Occupation PITTSBURGH MKT EXEC&PRES-PGH REG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : B000154S000253L11A1**

Amount of Each Receipt this Period  
 24.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

**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: (check only one)	PAGE 8 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**F.N.B. CORPORATION PAC**

**A. BARRY ROBINSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8285 WEMBLEY COURT

City CHAGRIN FALLS	State OH	Zip Code 44023
-----------------------	-------------	-------------------

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

Name of Employer F.N.B. CORPORATION	Occupation EVP OF CONSUMER BANKING
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : B000153S000276L11A1**

Amount of Each Receipt this Period  
25.00

PAYROLL DEDUCTION

**B. BARRY ROBINSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8285 WEMBLEY COURT

City CHAGRIN FALLS	State OH	Zip Code 44023
-----------------------	-------------	-------------------

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

Name of Employer F.N.B. CORPORATION	Occupation EVP OF CONSUMER BANKING
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : B000154S000304L11A1**

Amount of Each Receipt this Period  
25.00

PAYROLL DEDUCTION

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
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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  

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	189.00



**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)

<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)  
**F.N.B. CORPORATION PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TYLER COURTNEY**

Mailing Address 16 EAST OTTERMAN STREET

City Greensburg State PA Zip Code 15601

Purpose of Disbursement  
WESTMORELAND COUNTY COMMISSIONER

011

Candidate Name  
**R TYLER COURTNEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2015

Transaction ID : B000158S000001L29

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. COMTE TO RE-ELECT CONNIE T JAVENS TREAS**

Mailing Address 1120 DON STREET

City Monaca State PA Zip Code 15061

Purpose of Disbursement  
BEAVER COUNTY TREASURER

011

Candidate Name  
**CONNIE T JAVENS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2015

Transaction ID : B000157S000001L29

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C. LILLIS FOR JUDGE**

Mailing Address C/O OTTO VOLT, TREASURER  
PO BOX 6774

City Wyomissing State PA Zip Code 19610

Purpose of Disbursement  
JUDGE-COMMONWEALTH CT-COMMON PLEAS BERKS

011

Candidate Name  
**JIM LILLIS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2015

Transaction ID : B000157S000002L29

Amount of Each Disbursement this Period

1000.00

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

2750.00

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

**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)

<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)  
**F.N.B. CORPORATION PAC**

Full Name (Last, First, Middle Initial)

**A. MERTZ FOR COUNCIL**

Mailing Address 180 RIDGE AVENUE

City State Zip Code  
PITTSBURGH PA 15237

Purpose of Disbursement  
MCCANDLESS TOWNSHIP COUNCIL MEMBER CAND

011

Candidate Name  
**STEVE MERTZ**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2015

Transaction ID : B000156S000001L29

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS FOR TRACEY ANTOLINE PATTON**

Mailing Address 235 BISKUP LANE

City State Zip Code  
MONACA PA 15061

Purpose of Disbursement  
REGISTER OF WILLS BEAVER COUNTY

011

Candidate Name  
**TRACEY PATTON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 04 / 2015

Transaction ID : B000155S000001L29

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF KAREN SHAHEEN**

Mailing Address 8469 POST ROAD

City State Zip Code  
ALLISON PARK PA 15101

Purpose of Disbursement  
MCCANDLESS TOWNSHIP COUNCIL MEMBER CAND

011

Candidate Name  
**KAREN SHAHEEN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 04 / 2015

Transaction ID : B000155S000004L29

Amount of Each Disbursement this Period

250.00

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

650.00

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

# 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)

<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)  
**F.N.B. CORPORATION PAC**

Full Name (Last, First, Middle Initial)

### A. VOTE WALKAUSKAS

Mailing Address 8040 EDWOOD ROAD

City State Zip Code  
PITTSBURGH PA 15237

Purpose of Disbursement  
MCCANDLESS TOWNSHIP COUNCIL MEMBER CAND

011

Candidate Name  
**GREG WALKAUSKAS**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : B000155S000003L29

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

### B. EXPECT MORE FROM KIM ZACHERY

Mailing Address 9667 GRUBBS ROAD

City State Zip Code  
WEXFORD PA 15090

Purpose of Disbursement  
MCCANDLESS TOWNSHIP COUNCIL MEMBER CAND

011

Candidate Name  
**KIM ZACHERY**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : B000155S000002L29

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

500.00
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**TOTAL** This Period (last page this line number only)..... ▶

3900.00
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