RECEIVED FEC MAIL CENTER

2009 DEC 22 PM 1: 40

FEC FORM 1		_	TATEN PRGAN				Office Use Only	
NAME OF     COMMITTEE (in	n full)		(Check if nan is changed)		xample:If typing, type ver the lines.	12FE4M5	riman i manda manda	
		S&T	Bank PAC	<u> </u>		<u> </u>		
	1 1 1 1	John	Pauls			<del></del>		
ADDRESS (number and street)		800, Philadelphia Street , , , , , , , , , , , , , , , , , ,						
(Check if a	ddress	PO Box 190: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
is changed)		Indi	ana 📋			PA	15701   -	
				CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA	IL ADDRE	SS (Please	e provide only	one e-mail	address)			
(Check if	addraca	jφhņ	.pauls@s	tbank i	net <sub>ilill</sub>	<u> </u>		
(Check if is change		cind	y <sub>ı</sub> -meyer@	stbank	.net.	<u> </u>		
COMMITTEE'S WEB	PAGE ADI	DRESS (U	IRL)					
(Check if	address	. L		ایرا		<del>                                     </del>		
(Check if is change				1 1 1	111111	1111		
2. DATE 12	2		2009					
3. FEC IDENTIFIC	CATION NU	JMBER	Č	0026	angerengen in personal representation of the second			
4. IS THIS STATEM	MENT	NEW	(N) O	R	X AMENDED (A)			
I certify that I have e	examined th	is Stateme	ent and to the	best of m	y knowledge and belief i	t is true, correct	and complete.	
Type or Print Name (	of Treasure	Johi	n Pauls					
Signature of Treasure		2/	Pa	l.		Date 12	21 2009	
NOTE: Submission of			•	-	subject the person signing		the penalties of 2 U.S.C. §437g.	
Office Use					For further information of Federal Election Commiss		FEC FORM 1	

		IMITTEE ommittee:	•					
(a)		his committee is a principal campaign committee. (Complete the candidate information below.)						
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name Cano								
Cand Party	idate Affiliati		America Optionis					
(c)		his committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Cand			1_					
Part	y Con	ittee:						
(d)		(National, State (Democratic, his committee is a committee in co	arty.					
Poli	ical A	on Committee (PAC):						
(e)	X	his committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	is a:					
		Corporation Corporation w/o Capital Stock	n					
		Membership Organization Trade Association Cooperative						
		In addition, this committee is a Lobbyist/Registrant PAC.						
(f)		his committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or paramittee. (i.e., nonconnected committee)	arty					
		In addition, this committee is a Lobbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint	Fund	sing Representative:						
(g)		is committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political immittees/organizations, at least one of which is an authorized committee of a federal candidate.						
(h)	Q	is committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political mmittees/organizations, none of which is an authorized committee of a federal candidate.						
	Com	rees Participating in Joint Fundraiser						
	1.	FEC ID number						
	2.	FEC ID number C	erria Arrea Arrea					
	3.	FEC ID number C						
	4.	FEC ID number C	3					

FEC Form 1 (Revised	1 02/2009)	Page 3
Write or Type Committee Nar		1 age o
S&T Bank PAC		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
S&T  Bancorp, Inc.		<u> </u>
		1 1 1 1 1
Mailing Address		<u> </u>
	PQ \$0* 190	
	Ind Laha	ZIP CODE
Relationship: X Connect	ed Organization Affiliated Committee Juliont Fundraising Representative Julion Lead	dership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person in poss	session of committee
Full Name John	Pauls	11111
Mailing Address	800 Philadelphia Street	
	PQ Box :190	
	Indiana   15701	
Title or Position	CITY STATE Z	ZIP CODE
Assistant Vice	President Telephone number 724 - 42	27,  -[2334
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	ne and address of
Full Name of Treasurer John	Pauls, , , , , , , , , , , , , , , , , , ,	1111
Mailing Address	800, Philadelphia Street (	
	PO Box 190,	
	Indiana : : : : : PA 15701	IP CODE
Title or Position   Assistant   Vice	President   Telephone number   724;   - 427	7 ,

	m 1 (Revised 02/2009)	Page 4
	·	
Full Name of Designated Agent	Timothy McKee	<u> </u>
Mailing Address	800 Philadelphia Street	<u> </u>
-	PO Box 190	1 1 1 1 1
	Indiana PA 157,0	D1   -
Title or Position	sident   Telephone number 724   - 2	465 <u>.</u> ]- <u>  4457.</u>
		as accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.  S&T Bank,	os accounts, rents
safety deposit b	oxes or maintains funds.  Depository, etc.  S&T Bank, , , , , , , , , , , , , , , , , , ,	os accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.  S&T Bank,	ds accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.  S&T Bank, , , , , , , , , , , , , , , , , , ,	
safety deposit b Name of Bank,	poses or maintains funds.  Depository, etc.  S&T, Bank,	
safety deposit b Name of Bank,	Depository, etc.  S&T Bank	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  S&T Bank	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  S&T Bank	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  S&T Bank	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  S&T Bank	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  S&T_Bank  800, Philadelphia Street  PO_Box_190,  Indiana  CITY  STATE  Depository, etc.	

Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
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USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Lup 5	Shipping Date
. N	lext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Lows	15/22/08
PREPARER (3/2005)	DATE PREPARED