FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED
2012 FEB 29 AM 8: 47
FEC MAIL CENTER

				Office Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	<b>i</b>
F.N.B. PAC			<u>iii</u>	
<u> </u>	<u> </u>	<u>                                      </u>	<u> </u>	<u> </u>
ADDRESS (number and street)	One F.N.B. Blv	7 <b>d</b> .	<u> </u>	
(Check if address			<u> </u>	<u> </u>
is changed)	Hermitage		PA	16148; ;
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e	-mail address)		
(Check if address	casalnova@fnb-	corpicom	1111	
is changed)		<u> </u>	<u> </u>	<u> </u>
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address is changed)	fnbcorporation			<del> </del>
2. DATE 02 10	2012			
3. FEC IDENTIFICATION N	UMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	his Statement and to the besi	t of my knowledge and belief	it is true, correc	and complete.
			·	•
Type or Print Name of Treasure	Charles C. C	asalnova	······	
Signature of Treasurer	ht e Ex	nlv	Date 2	10/12
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED V		
Office Use		For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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		OMMITTEE Committee	
Candi	date	Committee:	
(a)	:	This 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. (Cominformation below.)	plete the candidate
Name of Candida			<del></del>
Candide Party A		Office on Sought: House Senate President	State  District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o			
Party	Con	mittee:	
(d)			(Democratic, Republican, etc.) Par
Politic	al A	ction Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
		X Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	17 .7 a .31	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or par
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
	ja Le	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
			ar version
	1.		n in Linuxen Lini i Li Billia Hali i Lini i Bil
	2.		
	3.	FEC ID number C	
	4.		and a first section to

Write or Type Committee Nam  Name of Any Connected    F   N   B   Corporation	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
		hip PAC Sponsor
		hip PAC Sponsor
F.N.B. Corpotation		
	<del></del>	11111
Mailing Address	One F.N.B. Blvd.	
	Hermitage                 PA   16148	<u> </u>
	CITY STATE	ZIP CODE
Relationship: X Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponso
	. ,	
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in pos	ssession of committee
Full Name There	sa S. Wireman	1 1 1 1 1 1 1
Mailing Address	3015 Glimcher Blvd.	
		<del></del>
Title or Position	CITY STATE	ZIP CODE
<u>Administrative</u> A	ssistant	83
<ol> <li>Treasurer: List the name at any designated agent (e.g.,</li> </ol>	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
Full Name Cha	rles C. Casalnova	<del></del>
Mailing Address	One F.N.B. Blvd.	
	Hermitage:   PA   1614	8 ,  -  , , ,
		ZIP CODE

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Full Name of Designated			
Mailing Address			<u> </u>
•			
	CITY	STATE	ZIP CODE
Title or Position			
		mber	
Danks or Other Depos	sitories: List all banks or other depositories in which the commi	ttee deposits	funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc.	ttee deposits	funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds.	ttee deposits	funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc.	ttee deposits	funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds.  tory, etc.  First National Bank of Pennsylvania	ttee deposits	funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds.  tory, etc.  First National Bank of Pennsylvania	ttee deposits	funds, holds accounts, rents
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Federal Election Commi ENVELOPE REPLACEMENT PAGE FOR II The FEC added this page to the end of this filing to	NCOMING BOCUMENTS
	Date of Receipt
Hand Delivered	·
	Postmarked,
USPS First Class Mail	
	Postmarked (R/C)
USPS Registered/Certified	rosunaikeu (n/C)
	Postmarked
USPS Priority Mail	·
Delivery Confirmation™ or Signat	ture Confirmation™ Label
	Postmarked
USPS Express Mail	•
Postmark Illegible	
No Postmark	
	Shipping Date
Overnight Delivery Service (Specify):	
Ne	xt Business Day Delivery
Received from House Records & Registration C	Date of Receipt
Received from House Records & Registration C	mce .
	Date of Receipt
Received from Senate Public Records Office	
	Date of Receipt
Received from Electronic Filing Office	
	Date of Receipt or Postmarked
Other (Specify):	
0	1 1
	2/29/12
PREPARER	DATE PREPARED

(3/2005)