Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. F.N.B. CORPORATION PAC ONE F.N.B. BLVD. ADDRESS (number and street) (Check if address is changed) **HERMITAGE** 16148 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS wireman@fnb-corp.com (Check if address is changed) Optional Second E-Mail Address micropac@micropac.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.fnbcorporation.com (Check if address is changed) DATE 2016 C00514026 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. MARK D SULLIVAN Type or Print Name of Treasurer MARK D SULLIVAN [Electronically Filed] 01 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FFC F	form 1 (Revised 02/2009)	Page 2			
TYPE OF	COMMITTEE	. wg			
Candida	te 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. (Complete the candidate information below.)				
Name of Candidate					
Candidate Party Affilia	Office Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Co	mmittee:	(Demogratic			
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Political	Action Committee (PAC):				
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a			
	X Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fur	draising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
Co	mmittees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number				
3.	FEC ID number				
4.					

FFC Form 1 (Davided 02/2000)	Dama 2
FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
F.N.B. CORPORATION PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
F.N.B. CORPORATION	
ONE F.N.B. BLVD. Mailing Address	
HERMITAGE PA 16148 CITY STATE ZIP	CODE
Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses books and records.	sion of committee
THERESA S WIREMAN Full Name	1
F.N.B. CORPORATION	
Mailing Address ONE F.N.B. BLVD.	
HERMITAGE PA 16148	1-1 1
Title or Position CITY STATE ZIP	CODE
ADMIN ASSISTANT 3 Telephone number 724 - 981	
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
Full Name MARK D SULLIVAN of Treasurer	
Mailing Address F.N.B. CORPORATION	
ONE F.N.B. BLVD.	
HERMITAGE PA 16148	
CITY STATE ZIP Title or Position	CODE
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Full Name of Designated	CHARLES C CASALNOVA		
Agent	F.N.B. CORPORATION		
Mailing Address			
	ONE F.N.B. BLVD.		
	HERMITAGE	PA 16	148
	CITY	STATE	ZIP CODE
Title or Position EVP HUMAN R	ESOURCES	Telephone number 724	- 981 - 6000
Name of Bank, I	Pepository, etc. FIRST NATIONAL BANK OF PENNS 3320 EAST STATE STREET	SYLVANIA	
	HERMITAGE	PA 16	148
	CITY	STATE	
			ZIP CODE
Name of Bank, I	Depository, etc.		ZIP CODE
Name of Bank, I	Depository, etc.		ZIP CODE
Name of Bank, I	1		ZIP CODE
	1		ZIP CODE
	1		ZIP CODE