

2007 JAN 16 A 8 58

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

S&T BANK PAC

SHARON O'NEIL

ADDRESS (number and street) 800 PHILADELPHIA STREET

(Check if address is changed) PO BOX 190

INDIANA PA 15701

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
SHARON.ONEIL@STBANK.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER  
724-465-4841

2. DATE 01 08 2007

3. FEC IDENTIFICATION NUMBER C 00263483

4. 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.

Type or Print Name of Treasurer SHARON O'NEIL

Signature of Treasurer *Sharon O'Neil* Date 01 09 2007

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 Use Only For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 1 (Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (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 Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

S&T BANK \_\_\_\_\_

S&T BANCORP, INC. \_\_\_\_\_

Mailing Address 800 PHILADELPHIA STREET \_\_\_\_\_

PO BOX 190 \_\_\_\_\_

INDIANA PA 15701 - \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

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Write or Type Committee Name

S&T BANK PAC

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name SHARON O'NEIL

Mailing Address 800 PHILADELPHIA STREET

PO BOX 190

INDIANA PA 15701

Title or Position CITY STATE ZIP CODE

VICE PRESIDENT Telephone number 724-465-4840

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer SHARON O'NEIL

Mailing Address 800 PHILADELPHIA STREET

PO BOX 190

INDIANA PA 15701

Title or Position CITY STATE ZIP CODE

VICE PRESIDENT Telephone number 724-465-4840

Full Name of Designated Agent TIMOTHY MGKKEE

Mailing Address 800 PHILADELPHIA STREET

PO BOX 190

INDIANA PA 15701

Title or Position CITY STATE ZIP CODE

VICE PRESIDENT Telephone number 724-465-4457

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

S&T BANK

Mailing Address

800 PHILADELPHIA STREET

PO BOX 190

INDIANA PA 15701

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail  Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date  Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 1/16/07

PREPARER DATE PREPARED  
 (3/2005)