

**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

F.N.B. CORPORATION PAC

ADDRESS (number and street)

FNB FINANCIAL CENTER

☒ (Check if address is changed)

626 WASHINGTON PLACE

PITTSBURGH

CITY ▲

PA

STATE ▲

15219

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

micropac@micropac.net

Optional Second E-Mail Address

blytonc@fnb-corp.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

www.fnb-online.com

2. DATE

M M / D D / Y Y Y Y  
12 / 19 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00514026

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 DULEY, JIM, , ,

Signature of Treasurer DULEY, JIM, , ,

Date

M M / D D / Y Y Y Y  
12 / 19 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE:

**Candidate 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  
CandidateCandidate  
Party AffiliationOffice  
Sought:☐

House

☐

Senate

☐

President

State

District

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

Name of  
Candidate**Party Committee:**

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

**Political Action Committee (PAC):**

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☒

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 segregated fund or party committee. (i.e., nonconnected committee)

☐

In addition, this committee is a Lobbyist/Registrant PAC.

☐

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).

☐

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

☐

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

- (i) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

2.

C

C

Write or Type Committee Name

**F.N.B. CORPORATION PAC****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

F.N.B. CORPORATION

Mailing Address

FNB FINANCIAL CENTER

626 WASHINGTON PLACE

PITTSBURGH

PA

15219

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☒ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**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 DONELSON, BILL, , ,

Mailing Address

DONELSON &amp; ASSOCIATES

PO BOX 24553

NASHVILLE

TN

37202-4553

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CUSTODIAN OF RECORDS

Telephone number 615 - 491 - 2140

**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 DULEY, JIM, , ,

Mailing Address

F.N.B. CORPORATION

626 WASHINGTON PLACE

PITTSBURGH

PA

15219

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

SVP, CORP CONTROLLER

Telephone number 412 - 359 - 2559

Full Name of  
Designated  
Agent

BLYTON, CHLOE, , ,

Mailing Address

F.N.B. CORPORATION

626 WASHINGTON PLACE

PITTSBURGH

PA

15219

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

AVP, CORP GOVERNANCE

Telephone number

412

274

1087

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.

FIRST NATIONAL BANK OF PENNSYLVANIA

Mailing Address

4140 EAST STATE STREET

HERMITAGE

PA

16148

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲