

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

|  |  |
|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br>Three Rivers Bancorp, Inc. PAC | 2. DATE<br>7/11/00 <i>Jul 17 11 21 AM '00</i>  |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed)<br>2681 Mosside Blvd              | 3. FEC Identification Number<br>25-1865129   |
| (c) City, State and ZIP Code<br>Monroeville PA 15146-3394  | 4. Is This Report An Amendment?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

**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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code                   | Relationship |
|---|--|--------------|
| Three Rivers Bancorp, Inc                                     | 2681 Mosside Blvd<br>Monroeville PA 15146-3394 | Connected    |

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

**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           | Mailing Address                              | Title or Position |
|---------------------|--|-------------------|
| Thomas J. Churchick | 2681 Mosside Blvd Monroeville, PA 15146-3394 | Chairman          |

**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        | Mailing Address                              | Title or Position |
|------------------|--|-------------------|
| W. Harrison Vail | 2681 Mosside Blvd Monroeville, PA 15146-3394 | Treasurer         |
| Linda A. Seyko   | 2681 Mosside Blvd Monroeville, PA 15146-3394 | Asst. Treasurer   |

**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.    | Mailing Address and ZIP Code                   |
|-----------------------------------|--|
| Three Rivers Bank & Trust Company | 2681 Mosside Blvd<br>Monroeville PA 15146-3394 |

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<br>W. Harrison Vail | SIGNATURE OF TREASURER | DATE<br>7/11/00 |
|---|------------------------|-----------------|

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.

For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9630  
 Local 202-694-1100

FEBAN114PDF

**FEC FORM 1**  
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Hand Delivered                                  | Date of Receipt<br>7-17-00                 |
| <input type="checkbox"/> First Class Mail   | POSTMARKED                                 |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED (R/C)                           |
| <input type="checkbox"/> No Postmark  |  |
| <input type="checkbox"/> Postmark Illegible   |  |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                            |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                            |
| <input type="checkbox"/> Other ( Specify):  | Postmarked<br><hr/> and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |  |
| <br><b>KPE</b><br>PREPARER  | <br>7-17-00<br>DATE PREPARED               |