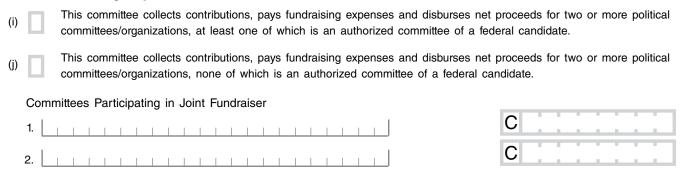
FEC FORM 1		STATEMEN ORGANIZA							Offic	e Use On		= 1 / 4
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		nple:If typi the lines.	ng, type	[	12F	E4M	5			
S&T BANK/S	S&T BA	NCORP, INC. PC			СТІО	N C	OIV	1MI-	TTE	Ξ		
ADDRESS (number ar	nd street)	P.O. BOX 190										
(Check if a is changed		800 PHILADELPHIA ST										
	,	INDIANA CITY▲							1570			<u> </u>
COMMITTEE'S E-MA		SS										
× ◀ (Check if a is changed		Rachel.Smydo@stbank.com	ו 									
C C	,	Optional Second E-Mail Add	lress			1 1		1 1	1 1		1 1	
COMMITTEE'S WEB	ddress	PRESS (URL)										
2. DATE 07		D / Y Y Y Y 2024										
3. FEC IDENTIFIC	ation NU	MBER ► C Co	026348	3								
4. IS THIS STATEM	1ENT	NEW (N) OR	×	AMEN	IDED (A	.)						
I certify that I have e	xamined th	s Statement and to the best	of my l	nowledge a	and belie	ef it is	true,	correc	t and c	omplete.		
Type or Print Name of	of Treasurer	Smydo, Rachel, , ,										
Signature of Treasure	r Smyd	o, Rachel, , ,				D	ate	M 07	M / 7	D D D 24		y y y 2024
NOTE: Submission of	false, errone	ous, or incomplete information r ANY CHANGE IN INFORMAT	-		-	-				enalties c	of 52 U.	S.C. §3010
Office Use Only				For further Federal Elec Toll Free 800 Local 202-69	tion Comr )-424-953(	nission	act:			EC F		

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5. TYPE O	F COMMITTEE:										
Candid	ate Committee:										
(a)	This committee is a principal campaign com	mittee. (Complete the candidate information below	ow.)								
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)										
Name Candid											
Candid		House Senate Pres	State								
Party /	Affiliation Sought:		District								
(c)	This committee supports/opposes only one of	candidate, and is NOT an authorized committee	).								
Name Cano											
Party C	Committee:										
(d)	This committee is a (Nation		(Democratic, Republican, etc.) Party								
			· · · · ·								
Politica (e) X	I Action Committee (PAC): This committee is a separate segregated fun	nd. (Identify connected organization on line 6.) I	ts connected organization is a:								
	X Corporation	Corporation w/o Capital Stock	Labor Organization								
	Membership Organization	Trade Association	Cooperative								
	In addition, this committee is a Lot	bbyist/Registrant PAC.									
(f)	This committee supports/opposes more than committee. (i.e., nonconnected committee)	one Federal candidate, and is NOT a separate	e segregated fund or party								
	In addition, this committee is a Lot	bbyist/Registrant PAC.									
	In addition, this committee is a Lea	adership PAC. (Identify sponsor on line 6.)									
(g)	This committee is an independent expenditur	re-only political committee (Super PAC).									
	In addition, this committee is a Lot	bbyist/Registrant PAC.									
(h)	This committee is a political committee with	both contribution and non-contribution accounts	; (Hybrid PAC).								
	In addition, this committee is a Lot	bbyist/Registrant PAC.									

## Joint Fundraising Representative:



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Write or Type Committee Name	
S&T BANK/S&T BANCORP. INC. POLITICAL ACTION COMMITTE	E

6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor										
	S&T BANK/S&T BANCORP, INC. POLITICAL ACTION COMMITTEE										

Mailing Address	P.O. BOX 190		
	800 PHILADELPHIA ST		
		PA 15701	
		STATE A	ZIP CODE
Relationship: X Connect	ted Organization Affiliated Organization Joint Fundrais	ing 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.

Miller, Cat	ny, , ,	
Full Name		
Mailing Address	800 Philadelphia St	
	Indiana PA 15701   - - -	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Administrative Spec	Telephone number 724 - 427 - 9990	

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

Full Name of Treasurer	Smydo, Rachel, , ,								
Mailing Address	800 Philadelphia St								
	Indiana PA 15701								
	CITY ▲ STATE ▲ ZIP CODE ▲								
Title or Position ▼									
	Telephone number 724 465 1483								

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Full Name of Designated Agent																	1		1									1	
Mailing Address			1																										
	L																												
	L																												
								CI	ΤY								:	STA	λΤΕ				ZI	ΡC		DE			
Title or Position ▼																													
													Tele	əph	one	e n	umt	ber				- [_							

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 Bar	<b>ik</b> 		
Mailing Address	800 Philadelphia Street		
	Indiana	PA 15701	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, Depository, e	tc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE ▲