

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee
(Summary Page)

RECEIVED
 FEDERAL ELECTION
 COMMISSION BUREAU

1. NAME OF COMMITTEE (in full) Erie Indemnity Company PAC - Federal		2. FEC IDENTIFICATION NUMBER 00153577
ADDRESS (number and street) 100 Erie Insurance Place	<input checked="" type="checkbox"/> Check if different than previously reported	
CITY, STATE and ZIP CODE Erie, PA 16530		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid-Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11-24-98</u> through <u>12-31-98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$5,071.01
(b) Cash on Hand at Beginning of Reporting Period .	\$2,370.21	
(c) Total Receipts (from Line 19)	\$1,146.44	\$8,607.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$3,516.65	\$14,678.81
7. Total Disbursements (from Line 30)	(\$1,000.00)	\$10,162.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$4,516.65	\$4,516.65

9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Jan R. Van Gorder

Signature of Treasurer *Jan R. Van Gorder* Date **1/25/99**

Submission of false, erroneous, or incomplete information may subject signer to penalties of 2 U.S.C. 437g.

DETAILED SUMMARY PAGE
of Receipts and Disbursements
Page 2, FEC FORM 3X

NAME OF COMMITTEE Erie Indemnity Company PAC - Federal	REPORT COVERING PERIOD FROM 11-24-98 TO: 12-31-98		
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)	\$1,146.44	\$9,607.80	11ai
ii. Unitemized	0	(\$0.00)	11aii
iii. Total	\$1,146.44	\$9,607.80	11aiii
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions	\$1,146.44	\$9,607.80	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) ..	0	0	15
16. Refunds of Contributions Made	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$1,146.44	\$9,607.80	19
20. Total Federal Receipts ... (subtract line 18 from line 19) >	\$1,146.44	\$9,607.80	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21ai
ii. Non-Federal Share	0	0	21aii
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates and Political Committees ..	0	\$9,212.16	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures by Party Committees (Schedule F) ..	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28a
b. Political Party Committees	0	0	28b
c. Other Political Committees (such as PACs)	0	0	28c
d. Total Contribution Refunds	0	0	28d
29. Other Disbursements	(\$1,000.00)	\$950.00	29
30. Total Disbursements ... (21c+22+23+24+25+26+27+28d+29) >	(\$1,000.00)	\$10,162.16	30
31. Total Federal Disbursements (subtract line 21aii from line 30) >	(\$1,000.00)	\$10,162.16	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	\$1,146.44	\$9,607.80	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32) ..	\$1,146.44	\$9,607.80	34
35. Total Federal Operating Expenditures ... (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures ... (subtract line 36 from 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

PAGE 1 OF 4

Contributions from Individuals/Persons

FOR LINE NUMBER 11(a)(I)

Information copied from these Reports may not be sold or used for soliciting contributions or commercial purposes, other than using the name and address of a political committee to solicit contributions from it.

NAME OF COMMITTEE (In Full) **Erie Indemnity Company PAC - Federal** C00163577

A. Full Name, Mailing Address and ZIP Code Jonathan G. Alfred 900 Summers Street Parkersburg, WV 26101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$19.86 PAYROLL DEDUCTION
	Occupation Investigator	Year-to-Date > \$127.58	
B. Full Name, Mailing Address and ZIP Code Jay H. Beck 382 Federal Circle Delaware, OH 43015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$21.36 PAYROLL DEDUCTION
	Occupation District Sales Mgr.	Year-to-Date > \$137.36	
C. Full Name, Mailing Address and ZIP Code Kevin L. Bond 910 Yellow Lake Drive Fort Wayne, IN 46804 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$22.52 PAYROLL DEDUCTION
	Occupation Supervisor	Year-to-Date > \$144.49	
D. Full Name, Mailing Address and ZIP Code John J. Brinling Jr. 5891 Culpepper Drive Erie, PA 16506 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$230.80 PAYROLL DEDUCTION
	Occupation Executive Vice Pres.	Year-to-Date > \$1,500.20	
E. Full Name, Mailing Address and ZIP Code Jeffrey W. Brinling 13190 Fern Avenue, N.W. Hartville, OH 44632 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$24.96 PAYROLL DEDUCTION
	Occupation Branch Sales Manager	Year-to-Date > \$157.73	
F. Full Name, Mailing Address and ZIP Code Susan Burgess-Demarco 1843 Dorset Drive Roanoke, VA 24018 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$21.00 PAYROLL DEDUCTION
	Occupation Supervisor	Year-to-Date > \$132.32	
G. Full Name, Mailing Address and ZIP Code John R. Burner Route 7, Box 248-A Staunton, VA 24401 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$49.48 PAYROLL DEDUCTION
	Occupation AVP & Claims Manager	Year-to-Date > \$319.76	

SUBTOTAL of Receipts This Page (optional) > \$390.08

TOTAL This Period (last page this line number only) > -----

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full) **Erie Indemnity Company PAC - Federal** C00153677

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Ruth F. Croyle 220 Pine Circle Davisville, WV 26142	Erie Insurance Group	12-22-98	\$15.52 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Supervisor	Year-to-Date > \$100.88	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Joseph W. Deno 3098 Penrose Place Cincinnati, OH 45211	Erie Insurance Group	12-22-98	\$16.28 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Claims Administration	Year-to-Date > \$104.47	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Douglas N. Fitzgerald 2311 Wedgewood Way York, PA 17404	Erie Insurance Group	12-22-98	\$121.20 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Vice Pres.	Year-to-Date > \$775.71	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
David C. Froelich 8019 Glendevan Street, N.W. Massillon, OH 44646	Erie Insurance Group	12-22-98	\$17.52 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP & Claims Manager	Year-to-Date > \$111.99	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Susan H. Gould 11305 Manitou Court Indianapolis, IN 46236	Erie Insurance Group	12-22-98	\$36.68 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation District Sales Mgr.	Year-to-Date > \$251.23	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Terry L. Hamman 3020 Atoll Drive Lewis Center, OH 43035	Erie Insurance Group	12-22-98	\$97.48 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Vice Pres.	Year-to-Date > \$633.38	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Larry J. Hasbrouck 8330 Ironclad Drive Mechanicsville, VA 23111	Erie Insurance Group	12-22-98	\$26.88 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Supervisor	Year-to-Date > \$172.38	

SUBTOTAL of Receipts This Page (optional)	>	\$333.56
TOTAL This Period (last page this line number only)	>	-----

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full) **Erie Indemnity Company PAC - Federal** CDD163577

A. Full Name, Mailing Address and ZIP Code Edman E. Llewellyn Jr. Route 2, Box 474 Ridgely, WV 26753 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$24.52 PAYROLL DEDUCTION
	Occupation Claims Administration		
	Year-to-Date > \$156.14		
B. Full Name, Mailing Address and ZIP Code John Machmer 4573 East Main Street, #38 Whitehall, OH 43213 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$37.24 PAYROLL DEDUCTION
	Occupation Supervisor		
	Year-to-Date > \$239.36		
C. Full Name, Mailing Address and ZIP Code Robert F. Morgan Jr. 1572 Buckshot Court Worthington, OH 43085 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$38.44 PAYROLL DEDUCTION
	Occupation VP & Claims Manager		
	Year-to-Date > \$249.49		
D. Full Name, Mailing Address and ZIP Code Jerrold V. Murphy 1215-20 Street Vienna, WV 26105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$81.16 PAYROLL DEDUCTION
	Occupation VP & Branch Manager		
	Year-to-Date > \$617.40		
E. Full Name, Mailing Address and ZIP Code Stacey E. Nicholson 1175 Bay Ridge Road Annapolis, MD 21403 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$54.88 PAYROLL DEDUCTION
	Occupation Branch Sales Manager		
	Year-to-Date > \$341.89		
F. Full Name, Mailing Address and ZIP Code Lee E. Oakes 7030 Birchbark Lane Mechanicsville, VA 23116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$22.80 PAYROLL DEDUCTION
	Occupation Mat Dam & Salv Spec		
	Year-to-Date > \$148.20		
G. Full Name, Mailing Address and ZIP Code Gerard J. Quinn 7 Whittier Heights Hagerstown, MD 21742 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$21.16 PAYROLL DEDUCTION
	Occupation Supervisor		
	Year-to-Date > \$134.68		

SUBTOTAL of Receipts This Page (optional)	>	\$280.20
TOTAL This Period (last page this line number only)	>	-----

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full) **Erie Indemnity Company PAC - Federal** C00153577

A. Full Name, Mailing Address and ZIP Code Eric D. Root 62 Belleclair Drive Rochester, NY 14617 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$56.16 PAYROLL DEDUCTION
	Occupation Branch Manager		
	Year-to-Date > \$358.60		
B. Full Name, Mailing Address and ZIP Code Neil S. Smith 3530 Gap Mountain Road 37745, TN 37745 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$22.52 PAYROLL DEDUCTION
	Occupation District Sales Mgr.		
	Year-to-Date > \$145.38		
C. Full Name, Mailing Address and ZIP Code Randall L. Snow 5946 Brahma Road, S.W. Roanoke, VA 24018 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$17.60 PAYROLL DEDUCTION
	Occupation Litigation Spec.		
	Year-to-Date > \$112.00		
D. Full Name, Mailing Address and ZIP Code Leonard H., Jr. Teagle 13940 Sagebrook Road Midlothian, VA 23112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$23.84 PAYROLL DEDUCTION
	Occupation Branch Sales Manager		
	Year-to-Date > \$152.42		
E. Full Name, Mailing Address and ZIP Code Wayne A. Willatte 155 Prospect Hill Road Horseheads, NY 14845 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group	Date 12-22-98	Amount this pd. \$22.48 PAYROLL DEDUCTION
	Occupation Claims Manager		
	Year-to-Date > \$148.12		
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date	Amount this pd.
	Occupation		
	Year-to-Date >		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date	Amount this pd.
	Occupation		
	Year-to-Date >		

SUBTOTAL of Receipts This Page (optional) >	\$142.60
TOTAL This Period (last page this line number only) >	\$1,145.44

SCHEDULE B

ITEMIZED DISBURSEMENTS

PAGE 1 OF 1

FOR LINE NUMBER 29

Other (Non-Federal) Disbursements

Information copied from these Reports may not be sold or used for soliciting contributions or commercial purposes, other than using the name and address of a political committee to solicit contributions from it.

NAME OF COMMITTEE (In Full) **Erie Indemnity Company PAC - Federal** C00153677

A. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
Comm. to Re-elect Walt Helmick 1800 Roundhill Road, #1706 Charleston, WV 25314	Nonfederal Contribution	12-28-98	{\$1,000.00}
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
B. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
C. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
D. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
E. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
F. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
G. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
H. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
I. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		

SUBTOTAL of Disbursements This Page (optional) > (\$1,000.00)

TOTAL This Period (last page this line number only) > (\$1,000.00)

NAME OF COMMITTEE	Total Amount Transferred
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NAME OF ACCOUNT	DATE OF RECEIPT
-----------------	-----------------

	BREAKDOWN OF TRANSFER RECEIVED		
	Admin/Voter Drive Amount	Direct Fund-raising Amount	Exempt Activity/Direct Candidate Support
i) Total Administrative/Voter Drive			
ii) Direct Fundraising (List Events-Amount)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Direct . . .			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support . . .			

NAME OF ACCOUNT	DATE OF RECEIPT
-----------------	-----------------

	BREAKDOWN OF TRANSFER RECEIVED		
	Admin/Voter Drive Amount	Direct Fund-raising Amount	Exempt Activity/Direct Candidate Support
i) Total Administrative/Voter Drive			
ii) Direct Fundraising (List Events-Amount)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Direct . . .			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support . . .			

	Totals for Breakdown of Transfer Received		
	Admin/Voter Drive Amount	Direct Fund-raising Amount	Exempt Activity/DCS
SUBTOTAL THIS PAGE	- 0 -	- 0 -	- 0 -
TOTAL THIS PERIOD	- 0 -	- 0 -	- 0 -

