

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Erie Indemnity Company PAC - Federal

ADDRESS (number and street) 100 Erie Insurance Place
 Check if different than previously reported. (ACC)
Erie PA 16530

2. **FEC IDENTIFICATION NUMBER** C00153577
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2010 through 06 30 2010

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 Gary D. Veshecco

Signature of Treasurer Electronically Filed by Gary D. Veshecco Date 07 06 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Erie Indemnity Company PAC - Federal

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		43906.91
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	49347.60									
(c) Total Receipts (from Line 19)	19676.42	34017.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69024.02	77924.02								
7. Total Disbursements (from Line 31)	500.00	9400.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	68524.02	68524.02								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Erie Indemnity Company PAC - Federal

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	16277.80	24690.11
(ii) Unitemized	3398.62	9327.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19676.42	34017.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19676.42	34017.11
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19676.42	34017.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19676.42	34017.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2400.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	500.00	7000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	500.00	9400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	9400.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	19676.42	34017.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19676.42	34017.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<p>A. Full Name (Last, First, Middle Initial) Mark K. Banks</p> <p>Mailing Address 5123 Flintlock Ln.</p> <p>City State Zip Code Roanoke VA 24018</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Erie Insurance Group</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>	<p>Date of Receipt 04 / 27 / 2010</p> <p>Transaction ID: SA11AI.6875</p> <p>Amount of Each Receipt this Period 80.00</p> <p>PAC Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Mark K. Banks</p> <p>Mailing Address 5123 Flintlock Ln.</p> <p>City State Zip Code Roanoke VA 24018</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Erie Insurance Group</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 440.00</p>	<p>Date of Receipt 05 / 26 / 2010</p> <p>Transaction ID: SA11AI.6971</p> <p>Amount of Each Receipt this Period 80.00</p> <p>PAC Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Mark K. Banks</p> <p>Mailing Address 5123 Flintlock Ln.</p> <p>City State Zip Code Roanoke VA 24018</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Erie Insurance Group</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 520.00</p>	<p>Date of Receipt 06 / 22 / 2010</p> <p>Transaction ID: SA11AI.7053</p> <p>Amount of Each Receipt this Period 80.00</p> <p>PAC Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Jeffrey W. Brinling	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address 5603 Stoneridge Drive	Transaction ID: SA11AI.6878
	City State Zip Code Fairview PA 16415	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Erie Insurance Group Senior VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Mr. Jeffrey W. Brinling	Date of Receipt MM / DD / YYYY 05 / 26 / 2010
	Mailing Address 5603 Stoneridge Drive	Transaction ID: SA11AI.6974
	City State Zip Code Fairview PA 16415	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Erie Insurance Group Senior VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

C.	Full Name (Last, First, Middle Initial) Mr. Jeffrey W. Brinling	Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 5603 Stoneridge Drive	Transaction ID: SA11AI.7056
	City State Zip Code Fairview PA 16415	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Erie Insurance Group Senior VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Patrick Burns		Date of Receipt
	Mailing Address 23840 State Road 213		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Noblesville	IN	46060
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6879
Name of Employer Erie Insurance Group		Occupation Claims Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	<input type="text" value="50.00"/>
			PAC Contribution

B.	Full Name (Last, First, Middle Initial) Patrick Burns		Date of Receipt
	Mailing Address 23840 State Road 213		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Noblesville	IN	46060
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6975
Name of Employer Erie Insurance Group		Occupation Claims Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	<input type="text" value="50.00"/>
			PAC Contribution

C.	Full Name (Last, First, Middle Initial) Patrick Burns		Date of Receipt
	Mailing Address 23840 State Road 213		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Noblesville	IN	46060
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7057
Name of Employer Erie Insurance Group		Occupation Claims Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	<input type="text" value="50.00"/>
			PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Terrence W Cavanaugh

Mailing Address 6300 Lake Shore Drive

City Erie State PA Zip Code 16505

FEC ID number of contributing federal political committee. C

Name of Employer: Erie Insurance Group Occupation: President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 05 / 21 / 2010
Transaction ID: SA11AI.6959
 Amount of Each Receipt this Period: 5000.00
 PAC Contribution

B. Full Name (Last, First, Middle Initial)
Marc Cipriani

Mailing Address 5235 Abington Way

City Erie State PA Zip Code 16506

FEC ID number of contributing federal political committee. C

Name of Employer: Erie Insurance Group Occupation: Chief Underwriting Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 15 / 2010
Transaction ID: SA11AI.6867
 Amount of Each Receipt this Period: 300.00
 PAC Contribution

C. Full Name (Last, First, Middle Initial)
Marcia A. Dall

Mailing Address 4891 Equestrian Drive

City Erie State PA Zip Code 16506

FEC ID number of contributing federal political committee. C

Name of Employer: Erie Insurance Group Occupation: Executive VP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 04 / 27 / 2010
Transaction ID: SA11AI.6882
 Amount of Each Receipt this Period: 157.70
 PAC Contribution

SUBTOTAL of Receipts This Page (optional) 5457.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Marcia A. Dall		Date of Receipt
	Mailing Address 4891 Equestrian Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Erie	PA	16506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6978
Name of Employer Erie Insurance Group		Occupation Executive VP & CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 157.70
		<input type="text"/> 857.70	PAC Contribution

B.	Full Name (Last, First, Middle Initial) Marcia A. Dall		Date of Receipt
	Mailing Address 4891 Equestrian Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Erie	PA	16506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7060
Name of Employer Erie Insurance Group		Occupation Executive VP & CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 157.70
		<input type="text"/> 1015.40	PAC Contribution

C.	Full Name (Last, First, Middle Initial) Mark Dombrowski		Date of Receipt
	Mailing Address 4361 Cooper Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 7 / 2 0 1 0
	City	State	Zip Code
	Erie	PA	16510
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6884
Name of Employer Erie Insurance Group		Occupation Department Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 225.00	PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 365.40
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark Dombrowski		Date of Receipt
	Mailing Address 4361 Cooper Road		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Erie	PA	16510
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6980
Name of Employer Erie Insurance Group		Occupation Department Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	<input type="text" value="50.00"/>
			PAC Contribution

B.	Full Name (Last, First, Middle Initial) Mark Dombrowski		Date of Receipt
	Mailing Address 4361 Cooper Road		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Erie	PA	16510
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7062
Name of Employer Erie Insurance Group		Occupation Department Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	<input type="text" value="50.00"/>
			PAC Contribution

C.	Full Name (Last, First, Middle Initial) George Dufala		Date of Receipt
	Mailing Address 4896 Thoroughbred Loop		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Erie	PA	16506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6981
Name of Employer Erie Insurance Group		Occupation Division Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="40.00"/>
			PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="140.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) George Dufala		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
Mailing Address 4896 Thoroughbred Loop		Transaction ID: SA11AI.7063
City Erie	State PA	Zip Code 16506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Erie Insurance Group	Occupation Division Officer	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) Mr. Douglas N. Fitzgerald		Date of Receipt MM / DD / YYYY 05 / 26 / 2010
Mailing Address 2311 Wedgewood Way		Transaction ID: SA11AI.6984
City York	State PA	Zip Code 17404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.50
Name of Employer Erie Insurance Group	Occupation Regional Vice President	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.75	

C.

Full Name (Last, First, Middle Initial) Mr. Douglas N. Fitzgerald		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
Mailing Address 2311 Wedgewood Way		Transaction ID: SA11AI.7066
City York	State PA	Zip Code 17404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.50
Name of Employer Erie Insurance Group	Occupation Regional Vice President	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.25	

SUBTOTAL of Receipts This Page (optional)	▶	117.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gregory J. Gutting

Mailing Address 529 Sybil Dr.

City Erie State PA Zip Code 16505

FEC ID number of contributing federal political committee. **C**

Name of Employer: Erie Insurance Group Occupation: Division Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 712.01

Date of Receipt: 04 / 27 / 2010
Transaction ID: SA11AI.6894
Amount of Each Receipt this Period: 161.68
PAC Contribution

B. Full Name (Last, First, Middle Initial)
Gregory J. Gutting

Mailing Address 529 Sybil Dr.

City Erie State PA Zip Code 16505

FEC ID number of contributing federal political committee. **C**

Name of Employer: Erie Insurance Group Occupation: Division Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 873.69

Date of Receipt: 05 / 26 / 2010
Transaction ID: SA11AI.6991
Amount of Each Receipt this Period: 161.68
PAC Contribution

C. Full Name (Last, First, Middle Initial)
Gregory J. Gutting

Mailing Address 529 Sybil Dr.

City Erie State PA Zip Code 16505

FEC ID number of contributing federal political committee. **C**

Name of Employer: Erie Insurance Group Occupation: Division Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.37

Date of Receipt: 06 / 22 / 2010
Transaction ID: SA11AI.7073
Amount of Each Receipt this Period: 161.68
PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶ **485.04**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Susan H. Hagen		Date of Receipt
	Mailing Address 100 State St. Suite 440		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Erie	PA	16507
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6963
Name of Employer Erie Insurance Group		Occupation Board of Directors	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			PAC Contribution

B.	Full Name (Last, First, Middle Initial) Thomas B. Hagen		Date of Receipt
	Mailing Address 100 State St. Suite 440		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Erie	PA	16507
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6962
Name of Employer Erie Insurance Group		Occupation Chairman of the Board	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00
			PAC Contribution

C.	Full Name (Last, First, Middle Initial) John F. Kearns		Date of Receipt
	Mailing Address 5804 Wind Chime Ln.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 7 / 2 0 1 0
	City	State	Zip Code
	Fairview	PA	16415
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6900
Name of Employer Erie Insurance Group		Occupation Division Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 154.00
			PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3154.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) John F. Kearns		Date of Receipt
	Mailing Address 5804 Wind Chime Ln.		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fairview	PA	16415
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6998
Name of Employer Erie Insurance Group		Occupation Division Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="154.00"/>
		<input type="text" value="847.00"/>	PAC Contribution

B.	Full Name (Last, First, Middle Initial) John F. Kearns		Date of Receipt
	Mailing Address 5804 Wind Chime Ln.		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fairview	PA	16415
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7080
Name of Employer Erie Insurance Group		Occupation Division Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="154.00"/>
		<input type="text" value="1001.00"/>	PAC Contribution

C.	Full Name (Last, First, Middle Initial) Heidi Konkol		Date of Receipt
	Mailing Address 10560 Sampson Rd		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Waterford	PA	16441
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6957
Name of Employer Erie Insurance Group		Occupation Supervisor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="558.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
George R. Lucore

Mailing Address 928 Lord Rd.

City State Zip Code
Fairview PA 16415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Erie Insurance Group Executive VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2010

Transaction ID: SA11AI.6905

Amount of Each Receipt this Period
40.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Christina M. Marsh

Mailing Address 2805 Ash St., Apt. 2

City State Zip Code
Erie PA 16504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Erie Insurance Group Division Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.31

Date of Receipt
MM / DD / YYYY
04 / 27 / 2010

Transaction ID: SA11AI.6909

Amount of Each Receipt this Period
84.46

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Christina M. Marsh

Mailing Address 2805 Ash St., Apt. 2

City State Zip Code
Erie PA 16504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Erie Insurance Group Division Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.77

Date of Receipt
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: SA11AI.7007

Amount of Each Receipt this Period
84.46

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **208.92**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 30
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Christina M. Marsh

Mailing Address 2805 Ash St., Apt. 2

City Erie State PA Zip Code 16504

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation Division Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 418.23

Date of Receipt 06 / 22 / 2010

Transaction ID: SA11AI.7088

Amount of Each Receipt this Period 84.46

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Patrick J. McMichael

Mailing Address 601 Valley Hill Ln.

City Knoxville State TN Zip Code 37922

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation Branch Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.75

Date of Receipt 04 / 27 / 2010

Transaction ID: SA11AI.6910

Amount of Each Receipt this Period 38.50

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Patrick J. McMichael

Mailing Address 601 Valley Hill Ln.

City Knoxville State TN Zip Code 37922

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation Branch Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.25

Date of Receipt 05 / 26 / 2010

Transaction ID: SA11AI.7008

Amount of Each Receipt this Period 38.50

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► 161.46

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Patrick J. McMichael		Date of Receipt
	Mailing Address 601 Valley Hill Ln.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 22 / 2010
	City	State	Zip Code
	Knoxville	TN	37922
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Erie Insurance Group		Occupation Branch Manager	Transaction ID: SA11AI.7089
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 38.50
		<input type="text"/> 308.75	PAC Contribution

B.	Full Name (Last, First, Middle Initial) Donald McRae		Date of Receipt
	Mailing Address 4109 Ridgewood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 01 / 2010
	City	State	Zip Code
	Erie	PA	16506
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Erie Insurance Group		Occupation Manager	Transaction ID: SA11AI.6866
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 225.00
		<input type="text"/> 225.00	PAC Contribution

C.	Full Name (Last, First, Middle Initial) David J. Miller		Date of Receipt
	Mailing Address 4852 Appaloosa Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 27 / 2010
	City	State	Zip Code
	Erie	PA	16506
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Erie Insurance Group		Occupation Strategic Risk Analyst	Transaction ID: SA11AI.6912
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 45.78
		<input type="text"/> 202.71	PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 309.28
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 30		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) David J. Miller		Date of Receipt
	Mailing Address 4852 Appaloosa Ct.		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Erie	PA	16506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7010
Name of Employer Erie Insurance Group		Occupation Strategic Risk Analyst	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="45.78"/>
		<input type="text" value="248.49"/>	PAC Contribution

B.	Full Name (Last, First, Middle Initial) David J. Miller		Date of Receipt
	Mailing Address 4852 Appaloosa Ct.		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Erie	PA	16506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7091
Name of Employer Erie Insurance Group		Occupation Strategic Risk Analyst	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="45.78"/>
		<input type="text" value="294.27"/>	PAC Contribution

C.	Full Name (Last, First, Middle Initial) Lucian Morrison		Date of Receipt
	Mailing Address 2001 Kirby Drive Ste 1300		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Houston	TX	77019
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6960
Name of Employer Erie Insurance Group		Occupation Board of Directors	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="591.56"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 30
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Matthew W. Myers

Mailing Address 6515 Honey Ln.

City Erie State PA Zip Code 16509

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation Division Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 27 / 2010

Transaction ID: SA11AI.6916

Amount of Each Receipt this Period 100.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Matthew W. Myers

Mailing Address 6515 Honey Ln.

City Erie State PA Zip Code 16509

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation Division Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 26 / 2010

Transaction ID: SA11AI.7013

Amount of Each Receipt this Period 100.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Matthew W. Myers

Mailing Address 6515 Honey Ln.

City Erie State PA Zip Code 16509

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation Division Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 22 / 2010

Transaction ID: SA11AI.7094

Amount of Each Receipt this Period 100.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 30		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) Timothy NeCastro	Date of Receipt MM / DD / YYYY 05 / 26 / 2010
	Mailing Address 6146 Scioto Court	Transaction ID: SA11AI.7015
	City State Zip Code Fairview PA 16415	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Erie Insurance Group	Aggregate Year-to-Date 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Timothy NeCastro	Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 6146 Scioto Court	Transaction ID: SA11AI.7095
	City State Zip Code Fairview PA 16415	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Erie Insurance Group	Aggregate Year-to-Date 275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Sue Pfadt	Date of Receipt MM / DD / YYYY 05 / 26 / 2010
	Mailing Address 5811 Southland Drive	Transaction ID: SA11AI.7017
	City State Zip Code Erie PA 16509	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Erie Insurance Group Associate General Counsel	Aggregate Year-to-Date 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 30
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
Sue Pfadt

Mailing Address 5811 Southland Drive

City State Zip Code
Erie PA 16509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Erie Insurance Group Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: SA11AI.7097

Amount of Each Receipt this Period
40.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Michael A. Plazony

Mailing Address 5500 Stoneridge Drive

City State Zip Code
Fairview PA 16415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Erie Insurance Group Department Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 227.75

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: SA11AI.7098

Amount of Each Receipt this Period
35.30

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Mr. Eric D. Root

Mailing Address 6775 Manchester Beach Rd

City State Zip Code
Fairview PA 16415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Erie Insurance Group Branch Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.13

Date of Receipt
MM / DD / YYYY
04 / 27 / 2010

Transaction ID: SA11AI.6922

Amount of Each Receipt this Period
97.14

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **172.44**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 30
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)
Mr. Eric D. Root

Mailing Address 6775 Manchester Beach Rd

City State Zip Code
Fairview PA 16415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Erie Insurance Group Branch Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 534.27

Date of Receipt
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: SA11AI.7020

Amount of Each Receipt this Period
97.14

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Eric D. Root

Mailing Address 6775 Manchester Beach Rd

City State Zip Code
Fairview PA 16415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Erie Insurance Group Branch Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 631.41

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: SA11AI.7100

Amount of Each Receipt this Period
97.14

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Sheryl A. Rucker

Mailing Address 3500 Dunn Valley Rd.

City State Zip Code
Erie PA 16509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Erie Insurance Group Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2010

Transaction ID: SA11AI.6924

Amount of Each Receipt this Period
50.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **244.28**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 30
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Sheryl A. Rucker

Mailing Address 3500 Dunn Valley Rd.

City Erie State PA Zip Code 16509

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 26 / 2010

Transaction ID: SA11AI.7022

Amount of Each Receipt this Period 50.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Sheryl A. Rucker

Mailing Address 3500 Dunn Valley Rd.

City Erie State PA Zip Code 16509

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2010

Transaction ID: SA11AI.7102

Amount of Each Receipt this Period 50.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Karen A. Skarupski

Mailing Address 3014 Morning Sun Court

City Erie State PA Zip Code 16506

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation Senior Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 27 / 2010

Transaction ID: SA11AI.6925

Amount of Each Receipt this Period 60.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 160.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Karen A. Skarupski

Mailing Address 3014 Morning Sun Court

City State Zip Code
Erie PA 16506

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Erie Insurance Group Senior Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 26 / 2010
Transaction ID: SA11AI.7024

Amount of Each Receipt this Period 60.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
Karen A. Skarupski

Mailing Address 3014 Morning Sun Court

City State Zip Code
Erie PA 16506

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Erie Insurance Group Senior Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 22 / 2010
Transaction ID: SA11AI.7104

Amount of Each Receipt this Period 60.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
Richard L. Stover

Mailing Address 1203 Deering Bay Court

City State Zip Code
Gibsonia PA 15044

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Erie Insurance Group Board of Directors

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.7049

Amount of Each Receipt this Period 250.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) 370.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gary Veshecco
 Mailing Address 845 Townhall Road
 City Waterford State PA Zip Code 16441
 Date of Receipt 04 / 27 / 2010
Transaction ID: SA11AI.6935
 Amount of Each Receipt this Period 200.00
 PAC Contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer Erie Insurance Group Occupation Division Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 900.00

B. Full Name (Last, First, Middle Initial)
Gary Veshecco
 Mailing Address 845 Townhall Road
 City Waterford State PA Zip Code 16441
 Date of Receipt 05 / 26 / 2010
Transaction ID: SA11AI.7033
 Amount of Each Receipt this Period 200.00
 PAC Contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer Erie Insurance Group Occupation Division Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1100.00

C. Full Name (Last, First, Middle Initial)
Gary Veshecco
 Mailing Address 845 Townhall Road
 City Waterford State PA Zip Code 16441
 Date of Receipt 06 / 22 / 2010
Transaction ID: SA11AI.7112
 Amount of Each Receipt this Period 200.00
 PAC Contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer Erie Insurance Group Occupation Division Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1300.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert Wilburn

Mailing Address 11921 Triple Crown Rd

City State Zip Code
Reston VA 20191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Erie Insurance Group Board of Directors

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2010

Transaction ID: SA11AI.6956

Amount of Each Receipt this Period
1000.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
Joseph M. Wilkerson

Mailing Address 4550 E Lake Rd, Apt. 2A

City State Zip Code
Erie PA 16511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Erie Insurance Group Branch Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2010

Transaction ID: SA11AI.6868

Amount of Each Receipt this Period
250.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
Jack W. Wood

Mailing Address 4167 Mountain Laurel Dr.

City State Zip Code
Erie PA 16510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Erie Insurance Group Department Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: SA11AI.7037

Amount of Each Receipt this Period
40.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 1290.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jack W. Wood

Mailing Address 4167 Mountain Laurel Dr.

City Erie State PA Zip Code 16510

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation Department Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2010
Transaction ID: SA11AI.7115
Amount of Each Receipt this Period 40.00
PAC Contribution

B. Full Name (Last, First, Middle Initial)
Michael S Zavasky

Mailing Address 4156 Vassar Drive

City Erie State PA Zip Code 16506

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation Executive VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt 05 / 26 / 2010
Transaction ID: SA11AI.7040
Amount of Each Receipt this Period 308.00
PAC Contribution

C. Full Name (Last, First, Middle Initial)
Michael S Zavasky

Mailing Address 4156 Vassar Drive

City Erie State PA Zip Code 16506

FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group Occupation Executive VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt 06 / 22 / 2010
Transaction ID: SA11AI.7118
Amount of Each Receipt this Period 308.00
PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 656.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Christopher J. Zimmer

Mailing Address 9262 Hamot Road

City State Zip Code
Waterford PA 16441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Erie Insurance Group Director - Claims Field Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.40

Date of Receipt
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: SA11AI.7042

Amount of Each Receipt this Period
83.36

PAC Contribution

B. Full Name (Last, First, Middle Initial)
Christopher J. Zimmer

Mailing Address 9262 Hamot Road

City State Zip Code
Waterford PA 16441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Erie Insurance Group Director - Claims Field Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.76

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: SA11AI.7120

Amount of Each Receipt this Period
83.36

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **166.72**

TOTAL This Period (last page this line number only) ► **16277.80**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Assemblyman Joe Morelle

Mailing Address 130 Washington Avenue

City Albany State NY Zip Code 12210

Purpose of Disbursement
PAC Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.7045

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2010

Amount of Each Disbursement this Period

250.00

B. Full Name (Last, First, Middle Initial)
Friends of Senator Breslin

Mailing Address 130 Washington Avenue

City Albany State NY Zip Code 12210

Purpose of Disbursement
PAC Expenditure

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.7047

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2010

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00