REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)
Erie Indemnity Company Political Action Committee - Federal

ADDRESS (number and street) [ ] Check if different than previously reported
100 Erie Insurance Place

CITY, STATE and ZIP CODE
Erie, PA 16530

2. FEC IDENTIFICATION NUMBER
C00153577

3. [X] 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
[X] 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 _____ (Type of Election) 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/29/94 through 12/31/94		
6. (a) Cash on Hand January 1, 19 94		$ 13,720.79
(b) Cash on Hand at Beginning of Reporting Period	$ 5,102.98	
(c) Total Receipts (from line 19)	$ 659.42	$ 5,741.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 5,762.40	$ 19,462.40
7. Total Disbursements (from Line 30)	$ -0-.	$ 13,700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 5,762.40	$ 5,762.40
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-.	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-.	

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 President
Jan R. Van Gorder

Signature of Treasurer
[signature]

Date
1-20-95

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

FEC FORM 3X
(revised 9/93)

9 5 0 3 9 6 8 4 5 9 7

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Erie Indemnity Company Political Action Committee - Federal

REPORT COVERING PERIOD FROM: 11/29/94 TO: 12/31/94

	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)	659.42	5,741.61
ii. Unitemized	-0-.	-0-.
iii. Total (add i and ii) ▶	659.42	5,741.61
b. Political Party Committees	-0-.	-0-.
c. Other Political Committees (such as PACs)	-0-.	-0-.
d. Total Contributions (add a iii, b and c) ▶	659.42	5,741.61
12. Transfers From Affiliated/Other Party Committees	-0-.	-0-.
13. All Loans Received	-0-.	-0-.
14. Loan Repayments Received	-0-.	-0-.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-.	-0-.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-.	-0-.
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-.	-0-.
18. Transfers from Nonfederal Account for Joint Activity	-0-.	-0-.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	659.42	5,741.61
20. Total Federal Receipts (subtract line 18 from line 19) ▶	659.42	5,741.61
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-.	-0-.
ii. Non-Federal Share	-0-.	-0-.
b. Other Federal Operating Expenditures	-0-.	-0-.
c. Total Operating Expenditures (Add a i, a ii, and b) ▶	-0-.	-0-.
22. Transfers to Affiliated/Other Party Committees	-0-.	-0-.
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-.	13,700.00
24. Independent Expenditures (use Schedule E)	-0-.	-0-.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Schedule F)	-0-.	-0-.
26. Loan Repayments Made	-0-.	-0-.
27. Loans Made	-0-.	-0-.
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-.	-0-.
b. Political Party Committees	-0-.	-0-.
c. Other Political Committees (such as PACs)	-0-.	-0-.
d. Total Contribution Refunds (Add a, b and c) ▶	-0-.	-0-.
29. Other Disbursements	-0-.	-0-.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	-0-.	13,700.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▶	-0-.	13,700.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	659.42	5,741.61
33. Total Contribution Refunds (from line 28d)	-0-.	-0-.
34. Net Contributions (other than loans)(subtract line 33 from 32)	659.42	5,741.61
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ▶	-0-.	-0-.
36. Offsets to Operating Expenditures (from line 15)	-0-.	-0-.
37. Net Operating Expenditures (subtract line 36 from 35) ▶	-0-.	-0-.

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4

FOR LINE NUMBER 11ai

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 Political Action Committee - Federal

FEC ID No. C00153577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Sheldon R. Knight 411 Chelsea Ave. Erie, PA 16505 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Claims Admin. Aggregate Year-To-Date $ 130.56	Bi-Weekly Payroll Deduction	16.86 ($5.62/pay)
B. Carla D. Darrier Apt. D 691 Killarney Dr. Morgantown, WV 26505 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Sales Administration Aggregate Year-To-Date $ 122.57	Bi-Weekly Payroll Deduction	15.69 ($5.23/pay)
C. Martha A. Bock 4957 Markwood Dr. Erie, PA 16510 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Clerical Admin. Aggregate Year-To-Date $ 71.73	Bi-Weekly Payroll Deduction	9.21 ($3.07/pay)
D. Jonathan G. Alfred 110 Mulberry Ave. Weston, WV 26452 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Marketing Admin. Aggregate Year-To-Date $ 94.39	Bi-Weekly Payroll Deduction	12.09 ($4.03/pay)
E. Paul R. Dorries 6111 Heidler Road Fairview, PA 16415 Receipt for: ☐ Primary ☐ General ☒ Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Audit Administration Aggregate Year-To-Date $ 65.99	Bi-Weekly Payroll Deduction	7.69 ($2.56/pay)
F. George R. Lucore 804 Lakewater Drive Richmond, VA 23229 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Claims Admin. Aggregate Year-To-Date $ 566.53	Bi-Weekly Payroll Deduction	71.01 ($23.67/pay)
G. Ronald M. Balavaty 155 Rudelitsch Road Lehighton, PA 18235 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Sales Administration Aggregate Year-To-Date $ 135.84	Bi-Weekly Payroll Deduction	16.98 ($5.66/pay)

SUBTOTAL of Receipts This Page (optional) 149.53

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

9 5 0 3 7 8 4 7 0 9 0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Erie Indemnity Company Political Action Committee - Federal

FEC ID NO. C00153577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Douglas Fitzgerald 5146 Perry Road Mt. Airy, MD 21771 Receipt for: [ ] Primary [x] General [ ] Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Marketing Admin. Aggregate Year-To-Date $ 566.53	Bi-Weekly Payroll Deduction	71.01 ($23.67/pay)
B. Gerard J. Quinn P.O. Box 414 Sharpsburg, MD 21782 Receipt for: [ ] Primary [ ] General [ ] Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Claims Admin. Aggregate Year-To-Date $ 105.10	Bi-Weekly Payroll Deduction	13.11 ($4.37/pay)
C. Edman E. Llewellyn Route 2 Box 474 Ridgeley, WV 26753 Receipt for: [ ] Primary [ ] General [ ] Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Claims Admin. Aggregate Year-To-Date $ 126.40	Bi-Weekly Payroll Deduction	16.35 ($5.45/pay)
D. Leonard H. Teagle, Jr. 7656 Wolford Way Lorton, VA 22079 Receipt for: [ ] Primary [ ] General [ ] Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Sales Administration Aggregate Year-To-Date $ 114.59	Bi-Weekly Payroll Deduction	14.70 ($4.90/pay)
E. John R. Burner Box 1207 Waynesboro, VA 22980 Receipt for: [ ] Primary [ ] General [ ] Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Marketing Admin. Aggregate Year-To-Date $ 251.52	Bi-Weekly Payroll Deduction	31.74 ($10.58/pay)
F. Randall L. Snow 5945 Brahma Road, S.W. Roanoke, VA 24018 Receipt for: [ ] Primary [ ] General [ ] Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Claims Admin. Aggregate Year-To-Date $ 90.38	Bi-Weekly Payroll Deduction	11.77 ($3.92/pay)
G. Neil S. Smith 1913 Paty Drive Johnson City, TN 37601 Receipt for: [ ] Primary [ ] General [ ] Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Sales Administration Aggregate Year-To-Date $ 120.00	Bi-Weekly Payroll Deduction	15.00 ($5.00/pay)

SUBTOTAL of Receipts This Page (optional) 173.68

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

95.5.5.2.8.4.1.0.0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Erie Indemnity Company Political Action Committee - Federal

FEC ID No. C00153577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jerold V. Murphy 1215-20 Street Vienna, WV 26105 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Marketing Admin. Aggregate Year-To-Date $ 404.06	Bi-Weekly Payroll Deduction	51.06 ($17.02/pay)
B. Larry J. Hashrouck 1630 Ironclad Drive Mechanicsville, VA 23111 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Claims Admin. Aggregate Year-To-Date $ 140.43	Bi-Weekly Payroll Deduction	18.18 ($6.06/pay)
C. Ruth F. Croyle 220 Pine Circle Davisville, WV 26142 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Clerical Admin. Aggregate Year-To-Date $ 79.68	Bi-Weekly Payroll Deduction	9.96 ($3.32/pay)
D. George R. Brink, Jr. 410 Wyandott Trail Bartville, OH 44632 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Marketing Admin. Aggregate Year-To-Date $ 425.11	Bi-Weekly Payroll Deduction	54.00 ($18.00/pay)
E. William B. Gohn 6762 Haskell Dr. Fairview, PA 16415 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Claims Admin. Aggregate Year-To-Date $ 225.90	Bi-Weekly Payroll Deduction	29.07 ($9.69/pay)
F. David C. Froelich 1820 Ducatus Drive Midlothian, VA 23113 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Claims Admin. Aggregate Year-To-Date $ 83.82	Bi-Weekly Payroll Deduction	10.71 ($3.57/pay)
G. Terry L. Bauman 2364 Coachman Dr. Roanoke, VA 24012 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Sales Administration Aggregate Year-To-Date $ 204.24	Bi-Weekly Payroll Deduction	26.10 ($8.70/pay)

SUBTOTAL of Receipts This Page (optional) 199.08

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Erie Indemnity Company Political Action Committee - Federal

FEC ID No. C00153577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard D. King, Jr. 539 Wildindigo Run Westerville, OH 43081 Receipt for: Primary / General / Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Claims Admin. Aggregate Year-To-Date $ 253.36	Bi-Weekly Payroll Deduction	33.96 ($11.32/pay)
B. Jay H. Beck 362 Federal Circle Delaware, OH 43015 Receipt for: Primary / General / Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Sales Administration Aggregate Year-To-Date $ 106.66	Bi-Weekly Payroll Deduction	13.56 ($4.52/pay)
C. Richard White 926 E. 5th Ave. Lancaster, OH Receipt for: Primary / General / Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Sales Administration Aggregate Year-To-Date $ 112.92	Bi-Weekly Payroll Deduction	14.58 ($4.86/pay)
D. George C. Wynne 5011 Walnut Ridge Dr. Erie, PA 16506 Receipt for: Primary / General / Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Marketing Admin. Aggregate Year-To-Date $ 319.80	Bi-Weekly Payroll Deduction	40.35 ($13.45/pay)
E. Susan E. Raid 5206 Buttonwood Drive Noblesville, IN 46060 Receipt for: Primary / General / X Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Sales Administration Aggregate Year-To-Date $ 201.84	Bi-Weekly Payroll Deduction	25.29 ($8.43/pay)
F. Sherri L. Branstetter 1302 Brooke Drive Lebanon, IN 46052 Receipt for: Primary / General / Other (specify):	Erie Insurance Group 100 Erie Ins. Place Erie, PA 16530 Occupation: Clerical Admin. Aggregate Year-To-Date $ 74.58	Bi-Weekly Payroll Deduction	9.39 ($3.13/pay)
G. Full Name, Mailing Address and ZIP Code Receipt for: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-To-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 137.13

TOTAL This Period (last page this line number only) 659.42

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
Erie Indemnity Company Political Action Committee - Federal

FEC ID No. C00153577

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		-0-.
B. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	-0-.
TOTAL This Period (last page this line number only)	-0-.

95039584603

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER 9
(Use separate schedules for each numbered line)

Name of Committee (In Full) Erie Indemnity Company Political Action Committee - Federal

FEC ID No C00153577

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):	-0-.	-0-.	-0-.

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	-0-.
TOTALS This Period (last page in this line only)	-0-.

Carry outstanding balance only to LINE 3, Schedule D, for this line, if no Schedule D, carry forward to appropriate line of Summary.

9 5 0 3 9 5 8 4 5 0 4

SCHEDULE D
(Revised 3/90)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (In Full) Erie Indemnity Company Political Action Committee - Federal	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor	-0-.	-0-.	-0-.	-0-.
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	-0-.
2) TOTALS This Period (last page this line only)	-0-.
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	-0-.

9 5 0 3 9 5 8 4 4 0 5

SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full)
Erie Indemnity Company Political Action Committee - Federal

I.D. No.
C00153577

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
			-0-.	☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures . . . . . $ -0-.
(b) SUBTOTAL of Unitemized Independent Expenditures . . . . . $ -0-.
(c) TOTAL Independent Expenditures . . . . . $ -0-.

Under Penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 19 ____

My Commission expires: _____

NOTARY PUBLIC _____

9 5 0 3 9 3 8 4 4 0 6

SCHEDULE F

ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. SEC. 441a(d))

(To be used only by Political Committees in the General Election)

Name of Political Committee (In Full)
Erie Indemnity Company Political Action Committee - Federal

Has your Committee been designated to make coordinated expenditures by a political committee? ☐ YES ☒ NO
If YES, name the designating committee:

Full Name, Mailing Address and ZIP Code of Subordinate Committee

Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate - $			-0-.
Full Name, Mailing Address and ZIP Code of Each Payee	**Name of Federal Candidate Supported, State, District & Office Sought**	**Purpose of Expenditure**	**Date (month, day, year)**	**Amount**
	Aggregate General Election Expenditure for this Candidate - $			
Full Name, Mailing Address and ZIP Code of Each Payee	**Name of Federal Candidate Supported, State, District & Office Sought**	**Purpose of Expenditure**	**Date (month, day, year)**	**Amount**
	Aggregate General Election Expenditure for this Candidate - $			
Full Name, Mailing Address and ZIP Code of Each Payee	**Name of Federal Candidate Supported, State, District & Office Sought**	**Purpose of Expenditure**	**Date (month, day, year)**	**Amount**
	Aggregate General Election Expenditure for this Candidate - $			
SUBTOTAL of Expenditures This Page (optional)				-0-.
TOTAL This Period (last page this line number only)				-0-.

95 0 3 2 5 8 3 4 0 7

SCHEDULE H1
(effective 1/1/91)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE
Erie Indemnity Company Political
Action Committee - Federal

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) . . . . . %

☐ PRESIDENTIAL YEAR (65%)
☐ ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) . . . . . %

OR

☐ FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT FEDERAL . . . . . %
- ESTIMATED DIRECT CANDIDATE SUPPORT NON-FEDERAL . . . . . %

ADJUSTMENTS TO FUNDS EXPENDED:

- ACTUAL DIRECT CANDIDATE SUPPORT FEDERAL . . . . . $ -0-. 0%
- ACTUAL DIRECT CANDIDATE SUPPORT NON-FEDERAL . . . . . $ -0-.

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT FEDERAL . . . . . %
- ESTIMATED DIRECT CANDIDATE SUPPORT NON-FEDERAL . . . . . %

ADJUSTMENTS TO FUNDS EXPENDED:

- ACTUAL DIRECT CANDIDATE SUPPORT FEDERAL . . . . . $ -0-. 0%
- ACTUAL DIRECT CANDIDATE SUPPORT NON-FEDERAL . . . . . $ -0-.

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION
CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	☐ (1 POINT)	
2. U.S. SENATE	☐ (1 POINT)	
3. U.S. CONGRESS	☐ (1 POINT)	
4. SUBTOTAL FEDERAL (ADD 1, 2, AND 3)		
5. GOVERNOR	☐ (1 POINT)	
6. OTHER STATEWIDE OFFICE(S)	☐ (1 OR 2 POINTS)	
7. STATE SENATE	☐ (1 POINT)	
8. STATE REPRESENTATIVE	☐ (1 POINT)	
9. LOCAL CANDIDATES	☐ (1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT	☐ (1 POINT)	
11. SUBTOTAL NON-FEDERAL (ADD 5, 6, 7, 8, 9 AND 10)		
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 . . . . . %

9 5 0 3 9 7 8 4 5 0 8

SCHEDULE H2
(effective 1/1/91)

ALLOCATION RATIOS

NAME OF COMMITTEE
Erie Indemnity Company Political
Action Committee - Federal

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. EXEMPT activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared DIRECT CANDIDATE support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: . . . ☐ FUNDRAISING . ☐ EXEMPT. . . . . ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . ☐ NEW. . . . . ☐ REVISED . . . . ☐ SAME AS PREVIOUSLY REPORTED		0.00
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: . . . ☐ FUNDRAISING . ☐ EXEMPT. . . . . ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . ☐ NEW. . . . . ☐ REVISED . . . . ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: . . . ☐ FUNDRAISING . ☐ EXEMPT. . . . . ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . ☐ NEW. . . . . ☐ REVISED . . . . ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: . . . ☐ FUNDRAISING . ☐ EXEMPT. . . . . ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . ☐ NEW. . . . . ☐ REVISED . . . . ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: . . . ☐ FUNDRAISING . ☐ EXEMPT. . . . . ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . ☐ NEW. . . . . ☐ REVISED . . . . ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: . . . ☐ FUNDRAISING . ☐ EXEMPT. . . . . ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: . . . ☐ NEW. . . . . ☐ REVISED . . . . ☐ SAME AS PREVIOUSLY REPORTED		

RECEIPT SCHEDULE H3
(effective 1/1/91)

TRANSFERS FROM NON-FEDERAL ACCOUNTS

PAGE	OF
1	1

FOR LINE 18

NAME OF COMMITTEE	TOTAL AMOUNT TRANSFERRED
Erie Indemnity Company Political Action Committee - Federal	

NAME OF ACCOUNT	DATE OF RECEIPT	$ -0-.

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive	-0-.			
ii) Direct Fundraising (List Events-Amounts for Each)				
a)		-0-.		
b)		-0-.		
c)		-0-.		
d)		-0-.		
e) Total Amount Transferred For Direct Fundraising		-0-.		
iii) Exempt Activity/Direct Candidate Support (List Events-Amounts For Each)				
a)			-0-.	
b)			-0-.	
c)			-0-.	
d)			-0-.	
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support			-0-.	

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-Amounts for Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amounts 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-.	-0-.
TOTAL THIS PERIOD	-0-.	-0-.	-0-.	-0-.

9 5 0 3 9 7 3 4 4 1 0

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE	OF
1	1

FOR LINE 21a

NAME OF COMMITTEE
Erie Indemnity Company Political Action Committee - Federal

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
			-0-.	-0-.	-0-.
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			-0-.	-0-.	-0-.
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a i and non-Fed. share to 21 a ii)			-0-.	-0-.	
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					-0-.

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-20-95
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER: [illegible]

DATE PREPARED: 1-24-95

FEC FORM 70-2 (12/92)

9 5 0 3 9 5 8 4 6 1 2