

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 (12G)
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 01 01 2009 through 06 30 2009

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 02 2009

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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		3688.62
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	3688.62									
(c) Total Receipts (from Line 19)	33975.99	33975.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37664.61	37664.61								
7. Total Disbursements (from Line 31)	1000.00	1000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36664.61	36664.61								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	28731.63	28731.63
(ii) Unitemized	5244.36	5244.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)	33975.99	33975.99
(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)	33975.99	33975.99
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))	33975.99	33975.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33975.99	33975.99

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.....	1000.00	1000.00
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.....	0.00	0.00
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))..	1000.00	1000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	1000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	33975.99	33975.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33975.99	33975.99
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: (check only one)	PAGE 6 / 20
	<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

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

A.	Full Name (Last, First, Middle Initial) J. Ralph Jr. Borneman	Date of Receipt MM / DD / YYYY 06 / 02 / 2009
	Mailing Address PO Box 552	Transaction ID: SA11AI.6147
	City State Zip Code Boyetown PA 19512	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Erie Insurance Group Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Jeffrey W. Brinling	Date of Receipt MM / DD / YYYY 04 / 29 / 2009
	Mailing Address 5603 Stoneridge Drive	Transaction ID: SA11AI.6005
	City State Zip Code Fairview PA 16415	Amount of Each Receipt this Period 100.57
	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 ▼ 221.24	

C.	Full Name (Last, First, Middle Initial) Mr. Jeffrey W. Brinling	Date of Receipt MM / DD / YYYY 05 / 28 / 2009
	Mailing Address 5603 Stoneridge Drive	Transaction ID: SA11AI.6069
	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 ▼ 301.24	

SUBTOTAL of Receipts This Page (optional)	▶	430.57
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 7 / 20
(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)
Mr. Jeffrey W. Brinling

Mailing Address 5603 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 Senior VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 381.24

Date of Receipt 06 / 24 / 2009
Transaction ID: SA11AI.6164

Amount of Each Receipt this Period 80.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
Patrick Burns

Mailing Address 23840 State Road 213

City State Zip Code
Noblesville IN 46060

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Erie Insurance Group Claims Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 14 / 2009
Transaction ID: SA11AI.5995

Amount of Each Receipt this Period 250.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
Patrick Burns

Mailing Address 23840 State Road 213

City State Zip Code
Noblesville IN 46060

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Erie Insurance Group Claims Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 28 / 2009
Transaction ID: SA11AI.6070

Amount of Each Receipt this Period 25.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) 355.00

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 / 20
	<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 Burns		Date of Receipt
	Mailing Address 23840 State Road 213		<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 06 / 24 / 2009
	City	State	Zip Code
	Noblesville	IN	46060
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6165
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 ▼ 325.00	<input type="text"/> 50.00
PAC Contribution			

B.	Full Name (Last, First, Middle Initial) Terrence W Cavanaugh		Date of Receipt
	Mailing Address 6300 Lake Shore Drive		<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 03 / 20 / 2009
	City	State	Zip Code
	Erie	PA	16505
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5960
Name of Employer Erie Insurance Group		Occupation President & CEO	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 ▼ 5000.00	<input type="text"/> 5000.00
PAC Contribution			

C.	Full Name (Last, First, Middle Initial) Ronnie Chamberlain		Date of Receipt
	Mailing Address 5312 Huntingwood Drive		<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 05 / 28 / 2009
	City	State	Zip Code
	Raleigh	NC	27606
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6142
Name of Employer Erie Insurance Group		Occupation Branch 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 ▼ 500.00	<input type="text"/> 500.00
PAC Contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5550.00
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 / 20
(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)
Louis F. Colaizzo

Mailing Address 6297 Stonebridge Drive

City State Zip Code
Fairview PA 16415

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

Name of Employer Occupation
Erie Insurance Group Senior VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.5978

Amount of Each Receipt this Period
1000.00

PAC Contribution

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

Mailing Address 33 Old Stone Xing

City State Zip Code
West Hartford CT 06117

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

Name of Employer Occupation
Erie Insurance Group Executive VP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: SA11AI.6167

Amount of Each Receipt this Period
153.84

PAC Contribution

C. Full Name (Last, First, Middle Initial)
Mark Dombrowski

Mailing Address 4361 Cooper Road

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: SA11AI.6169

Amount of Each Receipt this Period
50.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **1203.84**

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 10 / 20
(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)
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 ▼ 233.19

Date of Receipt 04 / 29 / 2009

Transaction ID: SA11AI.6021

Amount of Each Receipt this Period 233.19

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 ▼ 388.65

Date of Receipt 05 / 28 / 2009

Transaction ID: SA11AI.6078

Amount of Each Receipt this Period 155.46

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 ▼ 544.11

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.6175

Amount of Each Receipt this Period 155.46

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► 544.11

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 11 / 20
	<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) Susan H. Hagen		Date of Receipt
	Mailing Address 100 State St. Suite 440		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Erie	PA	16507
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5999
Name of Employer Erie Insurance Group		Occupation Board of Directors	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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 M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Erie	PA	16507
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5997
Name of Employer Erie Insurance Group		Occupation Chairman of the Board	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	PAC Contribution

C.	Full Name (Last, First, Middle Initial) Mr. Terry L. Hamman		Date of Receipt
	Mailing Address 3020 Atoll Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Lewis Center	OH	43035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5967
Name of Employer Erie Insurance Group		Occupation Regional VP	Amount of Each Receipt this Period 82.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 246.90	PAC Contribution

SUBTOTAL of Receipts This Page (optional)	2082.98
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 12 / 20
(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)
Mr. Terry L. Hamman

Mailing Address 3020 Atoll Drive

City Lewis Center State OH Zip Code 43035

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

Name of Employer Erie Insurance Group Occupation Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.90

Date of Receipt: 04 / 29 / 2009
Transaction ID: SA11AI.6008
 Amount of Each Receipt this Period: 126.00
 PAC Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Terry L. Hamman

Mailing Address 3020 Atoll Drive

City Lewis Center State OH Zip Code 43035

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

Name of Employer Erie Insurance Group Occupation Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 456.90

Date of Receipt: 05 / 28 / 2009
Transaction ID: SA11AI.6079
 Amount of Each Receipt this Period: 84.00
 PAC Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Terry L. Hamman

Mailing Address 3020 Atoll Drive

City Lewis Center State OH Zip Code 43035

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

Name of Employer Erie Insurance Group Occupation Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.90

Date of Receipt: 06 / 24 / 2009
Transaction ID: SA11AI.6176
 Amount of Each Receipt this Period: 84.00
 PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► 294.00

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 / 20
(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)
John F. Kearns

Mailing Address 5804 Wind Chime Ln.

City State Zip Code
Fairview PA 16415

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 ▼ 231.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: SA11AI.6182

Amount of Each Receipt this Period
154.00

PAC Contribution

B.

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 ▼ 280.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: SA11AI.6185

Amount of Each Receipt this Period
80.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Mr. Robert F. Morgan, Jr.

Mailing Address 162 Valley Rund Drive

City State Zip Code
Powell OH 43065-9454

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

Name of Employer Occupation
Erie Insurance Group Litigation Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2009

Transaction ID: SA11AI.5990

Amount of Each Receipt this Period
250.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **484.00**

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 14 / 20
	<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	

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

A.	Full Name (Last, First, Middle Initial) Matthew W. Myers	Date of Receipt MM / DD / YYYY 05 / 28 / 2009
	Mailing Address 6515 Honey Ln.	Transaction ID: SA11AI.6092
	City Erie State PA Zip Code 16509	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Erie Insurance Group Occupation Division Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Matthew W. Myers	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 6515 Honey Ln.	Transaction ID: SA11AI.6192
	City Erie State PA Zip Code 16509	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Erie Insurance Group Occupation Division Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Gabriel Oros	Date of Receipt MM / DD / YYYY 04 / 14 / 2009
	Mailing Address 5669 Winthrop Drive	Transaction ID: SA11AI.5988
	City Erie State PA Zip Code 16506	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Erie Insurance Group Occupation Associate General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	450.00
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 15 / 20
	<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) Marylta Power		Date of Receipt
	Mailing Address 4962 Sir Hue		<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 04 / 08 / 2009
	City	State	Zip Code
	Erie	PA	16506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5986
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"/> 500.00
			PAC Contribution

B.	Full Name (Last, First, Middle Initial) Mr. Eric D. Root		Date of Receipt
	Mailing Address 6775 Manchester Beach Rd		<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 03 / 25 / 2009
	City	State	Zip Code
	Fairview	PA	16415
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5969
Name of Employer Erie Insurance Group		Occupation Branch 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"/> 97.14
			PAC Contribution

C.	Full Name (Last, First, Middle Initial) Mr. Eric D. Root		Date of Receipt
	Mailing Address 6775 Manchester Beach Rd		<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 04 / 29 / 2009
	City	State	Zip Code
	Fairview	PA	16415
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6010
Name of Employer Erie Insurance Group		Occupation Branch 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"/> 145.71
			PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 742.85
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 16 / 20
(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)
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 / 28 / 2009

Transaction ID: SA11AI.6093

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 / 24 / 2009

Transaction ID: SA11AI.6194

Amount of Each Receipt this Period
97.14

PAC Contribution

C. Full Name (Last, First, Middle Initial)
James J Tanous

Mailing Address 41 Niagara Pier

City State Zip Code
Erie PA 16507

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

Name of Employer Occupation
Erie Insurance Group Executive VP & General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.5985

Amount of Each Receipt this Period
5000.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **5194.28**

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 17 / 20
(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)
Gary Veshecco

Mailing Address 845 Townhall Road

City Waterford State PA Zip Code 16441

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 ▼ 300.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: SA11AI.5971
 Amount of Each Receipt this Period: 200.00
 PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Gary Veshecco

Mailing Address 845 Townhall Road

City Waterford State PA Zip Code 16441

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 ▼ 600.00

Date of Receipt: 04 / 29 / 2009
Transaction ID: SA11AI.6012
 Amount of Each Receipt this Period: 300.00
 PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Gary Veshecco

Mailing Address 845 Townhall Road

City Waterford State PA Zip Code 16441

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 ▼ 800.00

Date of Receipt: 05 / 28 / 2009
Transaction ID: SA11AI.6103
 Amount of Each Receipt this Period: 200.00
 PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 18 / 20
(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)
Gary Veshecco

Mailing Address 845 Townhall Road

City Waterford State PA Zip Code 16441

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 ▼ 1000.00

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.6203

Amount of Each Receipt this Period 200.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Elizabeth A. Vorsheck

Mailing Address 9293 Winfield Court

City Weeki Wachee State FL Zip Code 34613

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

Name of Employer Erie Insurance Group Occupation Board of Directors

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 04 / 2009

Transaction ID: SA11AI.6151

Amount of Each Receipt this Period 5000.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Christy Yousefnejad

Mailing Address 1022 W Sterlington Place

City Apex State NC Zip Code 27502

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

Name of Employer Erie Insurance Group Occupation Claims Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 08 / 2009

Transaction ID: SA11AI.6153

Amount of Each Receipt this Period 500.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 5700.00

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 19 / 20	
	(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"/> 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)
Michael S Zavasky

Mailing Address 4156 Vassar Drive

City	State	Zip Code
Erie	PA	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 ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	9

Transaction ID: SA11AI.5972

Amount of Each Receipt this Period
5000.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	28731.63

**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 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 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)
JOE DONNELLY FOR CONGRESS

Transaction ID: SB23.6144

Date of Disbursement

Mailing Address PO Box 1961

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	9

City State Zip Code
South Bend IN 46634

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
PAC Contribution

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IN District: 02

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00
