

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Erie Indemnity Company PAC - Federal

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 02 / 11 / 2016 through 03 / 31 / 2016

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 Gary D. Veshecco [Electronically Filed] Date 04 / 14 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Erie Indemnity Company PAC - Federal

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="89098.88"/>	<input type="text" value="89098.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="76806.36"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21279.55"/>	<input type="text" value="28987.03"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="98085.91"/>	<input type="text" value="118085.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25300.00"/>	<input type="text" value="45300.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="72785.91"/>	<input type="text" value="72785.91"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Erie Indemnity Company PAC - Federal

Report Covering the Period: From: / / To: / /

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).....	14155.03	16445.01
(ii) Unitemized	7124.52	12542.02
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21279.55	28987.03
(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)	21279.55	28987.03
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 Transfers (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))..... ▶	21279.55	28987.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21279.55	28987.03

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	20000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	25300.00	25300.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	25300.00	45300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25300.00	45300.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	21279.55	28987.03
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21279.55	28987.03
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 OF 43
(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

Full Name (Last, First, Middle Initial)
A. Mark K Banks

Mailing Address 5123 FLINTLOCK LN

City State Zip Code
ROANOKE VA 24018-8711

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

Name of Employer Occupation
Erie Insurance Group VP & Branch Manager IV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451969

Amount of Each Receipt this Period
80.00

Memo Item

Full Name (Last, First, Middle Initial)
B. David L Bauer

Mailing Address 2081 MAJESTY CT

City State Zip Code
AKRON OH 44333-1282

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

Name of Employer Occupation
Erie Insurance Group VP Field Life Sales Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451930

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Jeffrey W Brinling

Mailing Address 5603 STONERIDGE DR

City State Zip Code
FAIRVIEW PA 16415-2243

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

Name of Employer Occupation
Erie Insurance Group SVP Corporate Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : A2016-276030

Amount of Each Receipt this Period
196.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 376.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 8 OF 43
(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

Full Name (Last, First, Middle Initial)
A. Jeffrey W Brinling

Mailing Address 5603 STONERIDGE DR

City State Zip Code
 FAIRVIEW PA 16415-2243

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

Name of Employer Occupation
 Erie Insurance Group SVP Corporate Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451851

Amount of Each Receipt this Period
 196.00

Memo Item

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

Mailing Address 8391 SUN LAKE DR

City State Zip Code
 GIRARD PA 16417-7013

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

Name of Employer Occupation
 Erie Insurance Group VP Corporate Claims Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : A2016-276107

Amount of Each Receipt this Period
 140.00

Memo Item

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

Mailing Address 8391 SUN LAKE DR

City State Zip Code
 GIRARD PA 16417-7013

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

Name of Employer Occupation
 Erie Insurance Group VP Corporate Claims Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451934

Amount of Each Receipt this Period
 140.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 476.00

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 9 OF 43
	<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. Richard F Burt Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 3710 VOLKMAN RD
City ERIE State PA Zip Code 16506-4759
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation EVP Products
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **615.40**

Date of Receipt **02 / 23 / 2016**
Transaction ID : A2016-276152
Amount of Each Receipt this Period **307.70**
 Memo Item

B. Richard F Burt Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 3710 VOLKMAN RD
City ERIE State PA Zip Code 16506-4759
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation EVP Products
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **769.25**

Date of Receipt **03 / 25 / 2016**
Transaction ID : A2016-451977
Amount of Each Receipt this Period **153.85**
 Memo Item

C. Shawn C Cummings
Full Name (Last, First, Middle Initial)
Mailing Address 1844 BUXTON WAY
City BURLINGTON State NC Zip Code 27215-9435
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation Dir Strategic Agency Invstmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **294.46**

Date of Receipt **03 / 25 / 2016**
Transaction ID : A2016-451899
Amount of Each Receipt this Period **99.46**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	561.01
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 OF 43
(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

Full Name (Last, First, Middle Initial)
A. Brian R Dorio

Mailing Address 344 E 5TH ST

City State Zip Code
ERIE PA 16507-1608

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

Name of Employer Occupation
Erie Insurance Group Project Manager II (IT)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 25 / 2016
Transaction ID : A2016-451986

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. George D Dufala

Mailing Address 289 NIAGARA POINT DR

City State Zip Code
ERIE PA 16507-2321

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

Name of Employer Occupation
Erie Insurance Group EVP Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.40

Date of Receipt
02 / 23 / 2016
Transaction ID : A2016-276058

Amount of Each Receipt this Period
307.70

Memo Item

Full Name (Last, First, Middle Initial)
C. George D Dufala

Mailing Address 289 NIAGARA POINT DR

City State Zip Code
ERIE PA 16507-2321

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

Name of Employer Occupation
Erie Insurance Group EVP Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.10

Date of Receipt
03 / 25 / 2016
Transaction ID : A2016-451879

Amount of Each Receipt this Period
307.70

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 715.40

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 11 OF 43
(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

Full Name (Last, First, Middle Initial)
A. Andrew M Eрман

Mailing Address 3693 VOLKMAN RD

City State Zip Code
 ERIE PA 16506-4767

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

Name of Employer Occupation
 Erie Insurance Group VP & Chief Life Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451982

Amount of Each Receipt this Period
 100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ruben F Fechner III

Mailing Address 6045 FOSSILWOOD CT

City State Zip Code
 ERIE PA 16506-7013

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

Name of Employer Occupation
 Erie Insurance Group SVP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 423.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : A2016-276165

Amount of Each Receipt this Period
 211.54

Memo Item

Full Name (Last, First, Middle Initial)
C. Ruben F Fechner III

Mailing Address 6045 FOSSILWOOD CT

City State Zip Code
 ERIE PA 16506-7013

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

Name of Employer Occupation
 Erie Insurance Group SVP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 641.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451990

Amount of Each Receipt this Period
 218.08

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 529.62

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 12 OF 43
	<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. Lorianne Feltz
Full Name (Last, First, Middle Initial)

Mailing Address 6418 FIELD VALLEY LN

City FAIRVIEW	State PA	Zip Code 16415-1725
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FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group	Occupation SVP Customer Service
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : A2016-276040

Amount of Each Receipt this Period
 200.00

Memo Item

B. Lorianne Feltz
Full Name (Last, First, Middle Initial)

Mailing Address 6418 FIELD VALLEY LN

City FAIRVIEW	State PA	Zip Code 16415-1725
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FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group	Occupation SVP Customer Service
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451861

Amount of Each Receipt this Period
 200.00

Memo Item

C. Charles M Fletcher
Full Name (Last, First, Middle Initial)

Mailing Address 181 FREEDOM DR

City PARKERSBURG	State WV	Zip Code 26101-8505
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FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group	Occupation VP & Branch Manager IV
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451906

Amount of Each Receipt this Period
 92.44

Memo Item

SUBTOTAL of Receipts This Page (optional).....	492.44
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 13 OF 43
(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. David R Glod
Full Name (Last, First, Middle Initial)
Mailing Address 4902 REESE RD
City ERIE State PA Zip Code 16510-4304
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation VP & Sr Portfolio Mgr Fxd Inc
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 270.00

Date of Receipt 02 / 23 / 2016
Transaction ID : A2016-276105
Amount of Each Receipt this Period 180.00
 Memo Item

B. David R Glod
Full Name (Last, First, Middle Initial)
Mailing Address 4902 REESE RD
City ERIE State PA Zip Code 16510-4304
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation VP & Sr Portfolio Mgr Fxd Inc
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 450.00

Date of Receipt 03 / 25 / 2016
Transaction ID : A2016-451932
Amount of Each Receipt this Period 180.00
 Memo Item

C. Gregory J Gutting
Full Name (Last, First, Middle Initial)
Mailing Address 529 SYBIL DR
City ERIE State PA Zip Code 16505-2151
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation SVP Controller
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 607.68

Date of Receipt 02 / 23 / 2016
Transaction ID : A2016-276022
Amount of Each Receipt this Period 303.84
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 663.84
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 14 OF 43
(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

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

Mailing Address 529 SYBIL DR

City State Zip Code
ERIE PA 16505-2151

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

Name of Employer Occupation
Erie Insurance Group SVP Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
911.52

Date of Receipt
03 / 25 / 2016
Transaction ID : A2016-451857

Amount of Each Receipt this Period
303.84

Memo Item

Full Name (Last, First, Middle Initial)
B. William N Herr Jr.

Mailing Address 3450 TANAGER DR

City State Zip Code
ERIE PA 16506-1156

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

Name of Employer Occupation
Erie Insurance Group VP Corporate Actuarial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.68

Date of Receipt
02 / 23 / 2016
Transaction ID : A2016-276158

Amount of Each Receipt this Period
144.34

Memo Item

Full Name (Last, First, Middle Initial)
C. William N Herr Jr.

Mailing Address 3450 TANAGER DR

City State Zip Code
ERIE PA 16506-1156

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

Name of Employer Occupation
Erie Insurance Group VP Corporate Actuarial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
435.90

Date of Receipt
03 / 25 / 2016
Transaction ID : A2016-451983

Amount of Each Receipt this Period
147.22

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 595.40

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 OF 43
	<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. Melvin L Hirst
Full Name (Last, First, Middle Initial)

Mailing Address 5820 FOREST XING

City State Zip Code
ERIE PA 16506-7004

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

Name of Employer Occupation
Erie Insurance Group VP Sales Promotion & Agcy Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2016
Transaction ID : A2016-451926

Amount of Each Receipt this Period
80.00

Memo Item

B. Robert C Ingram III
Full Name (Last, First, Middle Initial)

Mailing Address 1324 S SHORE DR APT 707

City State Zip Code
ERIE PA 16505-2540

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

Name of Employer Occupation
Erie Insurance Group EVP & Chief Information Ofcr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.40

Date of Receipt
MM / DD / YYYY
02 / 23 / 2016
Transaction ID : A2016-276162

Amount of Each Receipt this Period
307.70

Memo Item

c. Robert C Ingram III
Full Name (Last, First, Middle Initial)

Mailing Address 1324 S SHORE DR APT 707

City State Zip Code
ERIE PA 16505-2540

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

Name of Employer Occupation
Erie Insurance Group EVP & Chief Information Ofcr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.10

Date of Receipt
MM / DD / YYYY
03 / 25 / 2016
Transaction ID : A2016-451987

Amount of Each Receipt this Period
307.70

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	695.40
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 16 OF 43
	<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. John F Kearns
Full Name (Last, First, Middle Initial)
Mailing Address 5804 WIND CHIME LN

City FAIRVIEW	State PA	Zip Code 16415-3249
------------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation EVP Sales & Marketing
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
616.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : A2016-276102

Amount of Each Receipt this Period
308.00

Memo Item

B. John F Kearns
Full Name (Last, First, Middle Initial)
Mailing Address 5804 WIND CHIME LN

City FAIRVIEW	State PA	Zip Code 16415-3249
------------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation EVP Sales & Marketing
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : A2016-451929

Amount of Each Receipt this Period
308.00

Memo Item

C. Keith E Kennedy
Full Name (Last, First, Middle Initial)
Mailing Address 971 DUTCH RD

City FAIRVIEW	State PA	Zip Code 16415-1628
------------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation SVP Information Technology
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : A2016-276155

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	816.00
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 17 OF 43
	(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"/> 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

Full Name (Last, First, Middle Initial) A. Keith E Kennedy		Date of Receipt
Mailing Address 971 DUTCH RD		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2016"/>
City	State	Zip Code
FAIRVIEW	PA	16415-1628
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Erie Insurance Group	SVP Information Technology	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
		<input type="checkbox"/> Memo Item
Transaction ID : A2016-451980		

Full Name (Last, First, Middle Initial) B. Karen A Kraus Phillips		Date of Receipt
Mailing Address 611 VIRGINIA AVE		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2016"/>
City	State	Zip Code
ERIE	PA	16505-4611
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Erie Insurance Group	VP Strategic Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="231.28"/>	
		Amount of Each Receipt this Period
		<input type="text" value="78.12"/>
		<input type="checkbox"/> Memo Item
Transaction ID : A2016-451897		

Full Name (Last, First, Middle Initial) C. Debra A Mack		Date of Receipt
Mailing Address 3560 KANE HILL RD		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2016"/>
City	State	Zip Code
ERIE	PA	16510-4962
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Erie Insurance Group	Dir Sales & Agy Bsn Prcs/Plng	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="253.58"/>	
		Amount of Each Receipt this Period
		<input type="text" value="85.22"/>
		<input type="checkbox"/> Memo Item
Transaction ID : A2016-451941		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="363.34"/>
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 18 OF 43
(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

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

Mailing Address 245 GATEWAY DR

City State Zip Code
FAIRVIEW PA 16415-1639

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

Name of Employer Occupation
Erie Insurance Group SVP Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2016

Transaction ID : A2016-276060

Amount of Each Receipt this Period
180.00

Memo Item

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

Mailing Address 245 GATEWAY DR

City State Zip Code
FAIRVIEW PA 16415-1639

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

Name of Employer Occupation
Erie Insurance Group SVP Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2016

Transaction ID : A2016-451881

Amount of Each Receipt this Period
180.00

Memo Item

Full Name (Last, First, Middle Initial)
C. William Matrogran

Mailing Address 4726 PARKWOOD DR

City State Zip Code
ERIE PA 16510-6320

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

Name of Employer Occupation
Erie Insurance Group VP Claims Learning & Dvlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
478.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2016

Transaction ID : A2016-451848

Amount of Each Receipt this Period
478.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 838.00

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 OF 43
(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

Full Name (Last, First, Middle Initial)
A. Sean J McLaughlin

Mailing Address **4870 WATSON RD**

City ERIE	State PA	Zip Code 16505-1328
---------------------	--------------------	-------------------------------

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

Name of Employer Erie Insurance Group	Occupation EVP Secy & Gen Counsel
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **616.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : A2016-276167

Amount of Each Receipt this Period

308.00

 Memo Item

Full Name (Last, First, Middle Initial)
B. Sean J McLaughlin

Mailing Address **4870 WATSON RD**

City ERIE	State PA	Zip Code 16505-1328
---------------------	--------------------	-------------------------------

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

Name of Employer Erie Insurance Group	Occupation EVP Secy & Gen Counsel
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **924.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : A2016-451992

Amount of Each Receipt this Period

308.00

 Memo Item

Full Name (Last, First, Middle Initial)
C. Robert W McNutt

Mailing Address **4892 N WAYSIDE DR**

City ERIE	State PA	Zip Code 16505-1358
---------------------	--------------------	-------------------------------

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

Name of Employer Erie Insurance Group	Occupation VP & Treasurer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : A2016-276120

Amount of Each Receipt this Period

240.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	856.00
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 20 OF 43
	<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

Full Name (Last, First, Middle Initial) A. Robert W McNutt			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2016 Transaction ID : A2016-451946		
Mailing Address 4892 N WAYSIDE DR			Amount of Each Receipt this Period 240.00		
City ERIE	State PA	Zip Code 16505-1358	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00			
Name of Employer Erie Insurance Group		Occupation VP & Treasurer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) B. Cheryl L Mitchell			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2016 Transaction ID : A2016-451967		
Mailing Address 4315 ALISON AVE			Amount of Each Receipt this Period 72.00		
City ERIE	State PA	Zip Code 16506-6165	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 216.00			
Name of Employer Erie Insurance Group		Occupation VP Workplace Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) C. Matthew W Myers			Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 23 / 2016 Transaction ID : A2016-276106		
Mailing Address 6515 HONEY LN			Amount of Each Receipt this Period 150.00		
City ERIE	State PA	Zip Code 16509-4879	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00			
Name of Employer Erie Insurance Group		Occupation SVP & Claims Ref Prgm Sponsor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional).....▶	462.00
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 21 OF 43
(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

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

Mailing Address **6515 HONEY LN**

City **ERIE** State **PA** Zip Code **16509-4879**

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

Name of Employer **Erie Insurance Group** Occupation **SVP & Claims Ref Prgm Sponsor**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
03 / 25 / 2016
Transaction ID : A2016-451933

Amount of Each Receipt this Period
150.00

Memo Item

Full Name (Last, First, Middle Initial)
B. James G Nealon III

Mailing Address **4044 SHADYBROOK DR**

City **ERIE** State **PA** Zip Code **16506-4740**

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 ▼ **272.52**

Date of Receipt
02 / 23 / 2016
Transaction ID : A2016-276119

Amount of Each Receipt this Period
136.26

Memo Item

Full Name (Last, First, Middle Initial)
C. James G Nealon III

Mailing Address **4044 SHADYBROOK DR**

City **ERIE** State **PA** Zip Code **16506-4740**

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 ▼ **412.88**

Date of Receipt
03 / 25 / 2016
Transaction ID : A2016-451945

Amount of Each Receipt this Period
140.36

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **426.62**

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 OF 43
(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. Timothy G NeCastro
Full Name (Last, First, Middle Initial)
Mailing Address 6146 SCIOTO CT
City FAIRVIEW State PA Zip Code 16415-3276
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation SVP Regional Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2016
Transaction ID : A2016-451853
Amount of Each Receipt this Period 100.00
 Memo Item

B. Gregory C Page
Full Name (Last, First, Middle Initial)
Mailing Address 8780 MARTHA WAY
City WATERFORD State PA Zip Code 16441-4066
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation VP & Regional Claims Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 25 / 2016
Transaction ID : A2016-451953
Amount of Each Receipt this Period 120.00
 Memo Item

C. Randall T Peterman
Full Name (Last, First, Middle Initial)
Mailing Address 3588 SWAN LAKE LN
City ERIE State PA Zip Code 16506-1158
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie Insurance Group Occupation SVP Financial Plng & Analysis
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 23 / 2016
Transaction ID : A2016-276116
Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 420.00
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 23 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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. Randall T Peterman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3588 SWAN LAKE LN
 City State Zip Code
 ERIE PA 16506-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Financial Plng & Analysis
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451942
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Michael A Plazony
 Full Name (Last, First, Middle Initial)
 Mailing Address 5500 STONERIDGE DR
 City State Zip Code
 FAIRVIEW PA 16415-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Life
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : A2016-276114
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Michael A Plazony
 Full Name (Last, First, Middle Initial)
 Mailing Address 5500 STONERIDGE DR
 City State Zip Code
 FAIRVIEW PA 16415-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erie Insurance Group SVP Life
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451940
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	616.00
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 24 OF 43
(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

Full Name (Last, First, Middle Initial)
A. Bradley G Postema

Mailing Address 5701 DOBLER RD

City State Zip Code
 GIRARD PA 16417-8768

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

Name of Employer Occupation
 Erie Insurance Group SVP & Chief Investment Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 471.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : A2016-276159

Amount of Each Receipt this Period
 235.50

Memo Item

Full Name (Last, First, Middle Initial)
B. Bradley G Postema

Mailing Address 5701 DOBLER RD

City State Zip Code
 GIRARD PA 16417-8768

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

Name of Employer Occupation
 Erie Insurance Group SVP & Chief Investment Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 713.56

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451984

Amount of Each Receipt this Period
 242.56

Memo Item

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

Mailing Address 3500 DUNN VALLEY RD

City State Zip Code
 ERIE PA 16509-4310

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 ▼
 321.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : A2016-276094

Amount of Each Receipt this Period
 160.90

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 638.96

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 25 OF 43
(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

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

Mailing Address 3500 DUNN VALLEY RD

City ERIE	State PA	Zip Code 16509-4310
--------------	-------------	------------------------

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 ▼
488.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	25	/	2016

Transaction ID : A2016-451916

Amount of Each Receipt this Period
166.54

Memo Item

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

Mailing Address 6945 HONEY LN

City ERIE	State PA	Zip Code 16509-4889
--------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation VP Strategic Marketing
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	25	/	2016

Transaction ID : A2016-451956

Amount of Each Receipt this Period
120.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Bridget H Schoenig

Mailing Address 5122 ROBINHOOD LN

City ERIE	State PA	Zip Code 16509-2561
--------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	25	/	2016

Transaction ID : A2016-451910

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	386.54
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 26 OF 43
(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

Full Name (Last, First, Middle Initial)
A. Sherri A Silver

Mailing Address 6770 KREIDER RD

City State Zip Code
 FAIRVIEW PA 16415-2623

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

Name of Employer Occupation
 Erie Insurance Group SVP Strategic Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 384.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : A2016-276128

Amount of Each Receipt this Period
 192.32

Memo Item

Full Name (Last, First, Middle Initial)
B. Sherri A Silver

Mailing Address 6770 KREIDER RD

City State Zip Code
 FAIRVIEW PA 16415-2623

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

Name of Employer Occupation
 Erie Insurance Group SVP Strategic Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 576.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451954

Amount of Each Receipt this Period
 192.32

Memo Item

Full Name (Last, First, Middle Initial)
C. James P Stoik

Mailing Address 7 NIAGARA PIER

City State Zip Code
 ERIE PA 16507-2305

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

Name of Employer Occupation
 Erie Insurance Group VP Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 273.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : A2016-276100

Amount of Each Receipt this Period
 182.16

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 566.80

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 27 OF 43
	<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. James P Stoik
Full Name (Last, First, Middle Initial)

Mailing Address 7 NIAGARA PIER

City ERIE State PA Zip Code 16507-2305

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

Name of Employer Erie Insurance Group Occupation VP Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451924

Amount of Each Receipt this Period
 187.62

Memo Item

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

Mailing Address 7496 N SHORE DR

City ERIE State PA Zip Code 16511-1616

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

Name of Employer Erie Insurance Group Occupation VP & Product Manager (Prsl)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : A2016-276048

Amount of Each Receipt this Period
 120.00

Memo Item

C. Joseph M Vahey
Full Name (Last, First, Middle Initial)

Mailing Address 7496 N SHORE DR

City ERIE State PA Zip Code 16511-1616

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

Name of Employer Erie Insurance Group Occupation VP & Product Manager (Prsl)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451869

Amount of Each Receipt this Period
 120.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	427.62
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 OF 43
(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. Gary D Veshecco
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 W TOWNHALL RD
 City WATERFORD State PA Zip Code 16441-4131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Law & Privacy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : A2016-276038
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Gary D Veshecco
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 W TOWNHALL RD
 City WATERFORD State PA Zip Code 16441-4131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation SVP Law & Privacy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451860
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Christy S Yousefnejad
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 W STERLINGTON PL
 City APEX State NC Zip Code 27502-8938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie Insurance Group Occupation VP & Claims Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : A2016-451966
 Amount of Each Receipt this Period
 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 480.00
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 OF 43
(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

Full Name (Last, First, Middle Initial)
A. Ann H Zaprazny

Mailing Address 93 JACOBS CREEK DR

City HERSHEY	State PA	Zip Code 17033-8915
-----------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation SVP Regional Officer
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : A2016-276124

Amount of Each Receipt this Period
150.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ann H Zaprazny

Mailing Address 93 JACOBS CREEK DR

City HERSHEY	State PA	Zip Code 17033-8915
-----------------	-------------	------------------------

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

Name of Employer Erie Insurance Group	Occupation SVP Regional Officer
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : A2016-451950

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 9262 HAMOT RD

City WATERFORD	State PA	Zip Code 16441-2706
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FEC ID number of contributing federal political committee. **C**

Name of Employer Erie Insurance Group	Occupation SVP Field Claims
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : A2016-451895

Amount of Each Receipt this Period
102.04

Memo Item

SUBTOTAL of Receipts This Page (optional).....	452.04
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 30 OF 43
(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

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

Mailing Address 5150 LA RAE DR.

City ERIE	State PA	Zip Code 16506
--------------	-------------	-------------------

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

Name of Employer Erie Insurance Group	Occupation VP Ltgn/Claims Examination
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2016

Transaction ID : A2016-451999

Amount of Each Receipt this Period
1300.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	14155.03

**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)

<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

Full Name (Last, First, Middle Initial)

A. Illinois Insurance Association PAC

Mailing Address 217 E. Monroe St. Suite 110

City Springfield State IL Zip Code 62701

Purpose of Disbursement
State PAC

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B595004

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brady for Senate Inc.

Mailing Address P.O. Box 5314

City Bloomington State IL Zip Code 61702

Purpose of Disbursement
P-2016 State Senate 44 IL

011

Candidate Name

William Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B595001

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for John Cullerton

Mailing Address 2814 W Sunnyside

City Chicago State IL Zip Code 60625

Purpose of Disbursement
P-2018 State Senate 06 IL

011

Candidate Name

John J Cullerton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B595003

Amount of Each Disbursement this Period

300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**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)

<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

Full Name (Last, First, Middle Initial)

A. Friends of Monique Davis

Mailing Address 2147 West 107th Street

City Chicago State IL Zip Code 60643

Purpose of Disbursement
P-2016 State House 27 IL

011

Category/
Type

Candidate Name

Monique Davis

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 27

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B594994

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Durkin

Mailing Address 16W281 83rd St. Suite D

City Burr Ridge State IL Zip Code 60527

Purpose of Disbursement
P-2016 State House 82 IL

011

Category/
Type

Candidate Name

James Durkin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 82

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B594997

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Bill Haine

Mailing Address PO Box 67

City Alton State IL Zip Code 62002

Purpose of Disbursement
P-2016 State Senate 56 IL

011

Category/
Type

Candidate Name

William Haine

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 56

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B594999

Amount of Each Disbursement this Period

300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

800.00

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

**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)

<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

Full Name (Last, First, Middle Initial)

A. Friends of Michael J. Madigan

Mailing Address P.O. Box 3188

City Chicago State IL Zip Code 60654

Purpose of Disbursement
P-2016 State House 22 IL

011

Candidate Name

Michael J Madigan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 22

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B594993

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brandon Phelps for State Rep.

Mailing Address Box 401

City Harrisburg State IL Zip Code 62946

Purpose of Disbursement
P-2016 State House 118 IL

011

Candidate Name

Brandon W Phelps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B594995

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Christine Radogno

Mailing Address 1011 State St. Suite 205

City Lemont State IL Zip Code 60439

Purpose of Disbursement
P-2016 State Senate 41 IL

011

Candidate Name

Christine Radogno

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 41

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B595000

Amount of Each Disbursement this Period

200.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

750.00

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

**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)

<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

Full Name (Last, First, Middle Initial)

A. Citizens for David Reis

Mailing Address 219 E Main St

City Olney State IL Zip Code 62450

Purpose of Disbursement
P-2016 State House 109 IL

011

Candidate Name
David Reis

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B594996

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Martin A Sandoval

Mailing Address 3529 W 57th St

City Chicago State IL Zip Code 60629

Purpose of Disbursement
P-2016 State Senate 11 IL

011

Candidate Name
Martin A Sandoval

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 11

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B595002

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Insurance Political Action Committee

Mailing Address 201 N. Illinois St. Ste. 1410

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
State PAC

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B595005

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**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)

<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

Full Name (Last, First, Middle Initial)

A. Tom Buford for State Senate

Mailing Address 409 W. Maple Street

City State Zip Code
Nicholasville KY 40356

Purpose of Disbursement
P-2018 State Senate 22 KY

011

Category/
Type

Candidate Name
Tom Buford

Office Sought: House
 Senate
 President
State: KY District: 22

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B595008

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jared Carpenter for State Senate

Mailing Address 138 Legacy Dr.

City State Zip Code
Berea KY 40403

Purpose of Disbursement
P-2018 State Senate 34 KY

011

Category/
Type

Candidate Name
Jared Carpenter

Office Sought: House
 Senate
 President
State: KY District: 34

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B595009

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jeff Greer for State Representative

Mailing Address 2125 Hwy 79

City State Zip Code
Brandenburg KY 40108

Purpose of Disbursement
P-2016 State House 27 KY

011

Category/
Type

Candidate Name
Jeff Greer

Office Sought: House
 Senate
 President
State: KY District: 27

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B595006

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1500.00

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

**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)

<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

Full Name (Last, First, Middle Initial)

A. Steve Riggs for State Representative

Mailing Address 8108 Thornwood Road

City Louisville State KY Zip Code 40220

Purpose of Disbursement
P-2016 State House 31 KY

011

Candidate Name

Steve Riggs

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 31

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B595007

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bart Rowland for State Representative

Mailing Address PO Box 336

City Tompkinsville State KY Zip Code 42167

Purpose of Disbursement
P-2016 State House 21 KY

011

Candidate Name

Bart Rowland

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 21

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B595025

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ohio Insurance Institute PAC (OIIPAC)

Mailing Address 172 E. State Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
State PAC

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B595011

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

**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)

<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

Full Name (Last, First, Middle Initial)

A. LaTourette for Ohio

Mailing Address 7082 Oak Street

City Chagrin State OH Zip Code 44022

Purpose of Disbursement
P-2016 State House 76 OH

011

Candidate Name
Sarah LaTourette

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 76

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B595010

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends to Elect Ron Gant

Mailing Address PO Box 491

City Rossville State TN Zip Code 38066

Purpose of Disbursement
P-2016 State House 94 TN

011

Candidate Name
Ron Gant

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 94

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : B595968

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Insurance Alliance PAC

Mailing Address 44 East Mifflin Street Suite 901

City Madison State WI Zip Code 53703

Purpose of Disbursement
State PAC

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B595012

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. Cmte to Re-Elect Canterbury

Mailing Address Route 2 Box 288

City Ronceverte State WV Zip Code 24970

Purpose of Disbursement
P-2016 State House 42 WV

011

Candidate Name

Ray Canterbury

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 42

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B595013

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. You Can Count on Cindy Committee

Mailing Address 1248 Baker's Ridge Road

City Morgantown State WV Zip Code 26505

Purpose of Disbursement
P-2016 State House 51 WV

011

Candidate Name

Cindy Frich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 51

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B595014

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gearheart for West Virginia

Mailing Address 131 Henderson Dr.

City Bluefield State WV Zip Code 24701

Purpose of Disbursement
P-2016 State House 3 WV

011

Candidate Name

Marty Gearheart

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B595026

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. Hanshaw for House of Delegates

Mailing Address 5341 Wallback Road

City Wallback State WV Zip Code 25285

Purpose of Disbursement
P-2016 State House 33 WV

011

Category/
Type

Candidate Name

Roger Hanshaw

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 33

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B595015

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cmte. To Elect Bill Hartman

Mailing Address P.O. Box 243

City Elkins State WV Zip Code 26241

Purpose of Disbursement
P-2016 State House 43 WV

011

Category/
Type

Candidate Name

William G Hartman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 43

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B595016

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kurcaba for House

Mailing Address P.O. Box 30

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
P-2016 State House 51 WV

011

Category/
Type

Candidate Name

Brian Kurcaba

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 51

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B595027

Amount of Each Disbursement this Period

250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1250.00

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

**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)

<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

Full Name (Last, First, Middle Initial)

A. Carol Miller for House

Mailing Address 1316 12th Street

City Huntington State WV Zip Code 25701

Purpose of Disbursement
P-2016 State House 16 WV

011

Category/
Type

Candidate Name
Carol Miller

Office Sought: House
 Senate
 President
State: WV District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B595017

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN D O'NEAL FOR HOUSE OF DELEGATES

Mailing Address 8 ORIOLE PLACE

City BECKLEY State WV Zip Code 25801

Purpose of Disbursement
P-2016 State Delegate 28 WV

011

Category/
Type

Candidate Name
John D O'Neal

Office Sought: House
 Senate
 President
State: WV District: 28

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B595018

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Corey Palumbo

Mailing Address 1206 Williamsburg Way

City Charleston State WV Zip Code 25314

Purpose of Disbursement
P-2016 State House 17 WV

011

Category/
Type

Candidate Name
Corey Palumbo

Office Sought: House
 Senate
 President
State: WV District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B595021

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1500.00

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

**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)

<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

Full Name (Last, First, Middle Initial) A. Committee to Elect David Perry		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 321 Summerlee Avenue		Transaction ID : B595022
City Oak Hill	State WV	
Purpose of Disbursement P-2016 State Senate 10 WV	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 500.00
Candidate Name David Perry	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 10		

Full Name (Last, First, Middle Initial) B. Cmte to Elect Roman Prezioso		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 1806 Dogwood Dr.		Transaction ID : B595023
City Fairmont	State WV	
Purpose of Disbursement P-2016 State Senate 13 WV	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 500.00
Candidate Name Roman Prezioso	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 13		

Full Name (Last, First, Middle Initial) C. Rucker for West Virginia		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 2432 Chestnut Hill Road		Transaction ID : B595029
City Harpers Ferry	State WV	
Purpose of Disbursement P-2016 State Senate 16 WV	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 500.00
Candidate Name Patricia Rucker	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 16		

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**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)

<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

Full Name (Last, First, Middle Initial)

A. Committee to Re-Elect Kelli Sobonya

Mailing Address P.O. Box 367

City Barbourville State WV Zip Code 25504

Purpose of Disbursement
P-2016 State House 18 WV

011

Candidate Name
Kelli Sobonya

Category/
Type

Office Sought: House
 Senate
 President
State: WV District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B595019

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cmte to Elect Erikka Storch

Mailing Address 63 Oakmont Road

City Wheeling State WV Zip Code 26003

Purpose of Disbursement
P-2016 State House 3 WV

011

Candidate Name
Erikka Storch

Category/
Type

Office Sought: House
 Senate
 President
State: WV District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B595028

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Brad White for House Cmte

Mailing Address PO Box 4779

City Charleston State WV Zip Code 25364

Purpose of Disbursement
P-2016 State House 36 WV

011

Candidate Name
Brad White

Category/
Type

Office Sought: House
 Senate
 President
State: WV District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : B595020

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

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

**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)

<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

Full Name (Last, First, Middle Initial)

A. Bob Williams For Senate

Mailing Address P.O. Box 562

City Grafton State WV Zip Code 26354

Purpose of Disbursement
P-2016 State Senate 14 WV

011

Category/
Type

Candidate Name

Bob Williams

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 14

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : B595024

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

500.00

25300.00